


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90003 017 ***150.00

DOCUMENT # M80661 1. Entity Name JULIUS LEE'S CONSULTING ENGINEERS, P.A.					
Principal Place of Business 11781 ST. ANDREWS PL APT 108 WELLINGTON, FL 33414 US			Mailing Address C/O MCGRATH & MEYERS PA 5725 CORP WAY #101 WEST PALM BEACH, FL 33407 US		
2. Principal Place of Business 1455 SW 4th Avenue Suite, Apt. #, etc.		3. Mailing Address C/O Meyers & Assoc CPA PA 5725 Corporate Way #101 Suite, Apt. #, etc.			
City & State Delray Beach FL		City & State West Palm Beach FL		4. FEI Number 65-0055040	
Zip 33444	Country US	Zip 33407	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, JULIUS 11781 ST. ANDREWS PL., APT 108 WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Julius Lee Street Address (P.O. Box Number is Not Acceptable) 1455 SW 4th Avenue City Delray Beach FL Zip Code 33444	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LEE, JULIUS STREET ADDRESS 11781 ST. ANDREWS PL., APT 108 CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE P NAME Lee, Julius STREET ADDRESS 1455 SW 4th Avenue CITY-ST-ZIP Delray Beach FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Julius Lee</i> 3/3/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					