2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 08:00 AM DOCUMENT # P00000026186 **Secretary of State** 1. Entity Name MISS LESSIE, INC. Principal Place of Business Mailing Address P.O. BOX 339 P.G. BOX 339 CHOKOLOSKEE, FL 34138 CHOKOLOSKEE, FL 34138 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3634321 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAMB, JEFFREY R DO NOT WRITE 9915 TAMIAMI TR. NORTH, STE. 2 NAPLES, FL 34108 IN THIS SPACE 1. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RAFFIELD, RODNEY P.O. BOX 339 STREET ADDRESS CITY-ST-ZP CHOKOLOSKEE, FL 34138 NAME STREET ADDRESS CITY-ST-ZIP HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THE IN THIS SPACE NAME STREET ADDRESS CHTY-ST-ZIP me NAME STREET ADDRESS CITY-ST-ZIP ME ET ADDRESS ST-71P That the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information suppliemental 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 that 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 the receiver or trustee empowered in the receiver of the receiver of trustee empowered.

Raffield

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