


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90021 049 ***150.00

DOCUMENT # P00000058805 1. Entity Name LEE L. BRAND, INC.																													
Principal Place of Business 2833 PHEASANT DRIVE PALM HARBOR, FL 34683			Mailing Address 2833 PHEASANT DRIVE PALM HARBOR, FL 34683																										
2. Principal Place of Business - No P.O. Box # 2239 Old Gunn Hwy Suite, Apt. #, etc.		3. Mailing Address 5364 Ehrlich Rd Suite, Apt. #, etc. PMB 356																											
City & State Odessa FL		City & State Tampa, FL																											
Zip 33556		Country Pasco		Zip 33624																									
Country Pasco		Country Hillsborough																											
6. Name and Address of Current Registered Agent BRAND, LEE 2239 OLD GUNN HWY ODESSA, FL 33556			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D BRAND, LEE L</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2833 PHEASANT DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PALM HARBOR, FL 34683</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D Lee Brand 2239 Old Gunn Hwy Odessa, FL 33556</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D BRAND, LEE L	<input type="checkbox"/> Delete	NAME	2833 PHEASANT DRIVE		STREET ADDRESS	PALM HARBOR, FL 34683		CITY-ST-ZIP			TITLE	D Lee Brand 2239 Old Gunn Hwy Odessa, FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: _____ 4/11/08 727-455-1163 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													