

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056032

Entity Name: LYNLEE INC.

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

808 EAST 15TH AVE.
NEW SMYRNA, FL 32165

New Principal Place of Business:

1224 N PINE HILLS ROAD
ORLANDO, FL 32808

Current Mailing Address:

808 EAST 15TH AVE.
NEW SMYRNA, FL 32165

New Mailing Address:

1224 N PINE HILLS ROAD
ORLANDO, FL 32808

FEI Number: 59-3727771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OZGUR, LYNDAL
808 EAST 15TH AVE.
NEW SMYRNA, FL 32165 US

Name and Address of New Registered Agent:

OZGUR, LYNDAL
1224 N PINE HILLS ROAD
ORLANDO, FL 32808 US

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.

SIGNATURE:

07/06/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CVS () Delete
Name: OXGUR, LYNDAL
Address: 808 EAST 15TH AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169 34

Title: PT () Delete
Name: HOEKSTRA, BURNELL
Address: 808 EAST 15TH AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169 34

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CVS (X) Change () Addition
Name: OXGUR, LYNDAL
Address: 1224 N PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808

Title: PT (X) Change () Addition
Name: HOEKSTRA, BURNELL
Address: 1224 N PINE HILLS ROAD.
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BURNELL HOEKSTRA

P

07/06/2006

Electronic Signature of Signing Officer or Director

Date