2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2007 08:00 AM **Secretary of State DOCUMENT # P01000093638** 1. Entity Name H. GREG LEE, P.A. Principal Place of Business Mailing Address 2014 FOURTH STREET 2014 FOURTH STREET SARASOTA, FL 34237 SARASOTA, FL 34237 CR2E034 (11/05) 01052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1140961 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, H. GREG DO NOT WRITE 2014 FOURTH STREET SARASOTA, FL 34237 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little it applicable (NOTE, Registered Agent signature required when reinstating) U00000581626 01/10/07-80095-009 150.00 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE Ď LEE, H. GREG NAME STREET ADDRESS 2014 FOURTH STREET CITY-ST-ZIP SARASOTA, FL 34237 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify 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 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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED