## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2005 08:00 AM Secretary of State

1. Entity Nan TYRON I	LEE, INC.	Mailing Address 539 N MILLS AVE ORLANDO, FL 32803		Secretary of State
C	OO NOT WRITE		CE	04022005 No Chg-P CR2E034 (10/03)  4. FEI Number
LI, QIN 5041 DEM ORLANDO			7	DO NOT WRITE 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, yeard printed name all registered agent and title if epolicable (NOTE Registered Agent signature required when repusators)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D DP LI, QIN 5041 DEMOTT CT ORLANDO, FL 32821	RECTORS		U00000230951 04/07/05-80010-017 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		هیمه به در این		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		engine on	Resignation of the second	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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: //3/ 0/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deptime Prome #				