2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 19, 2007 8:00 am Secretary of State **DOCUMENT # P02000115253** 04-19-2007 90417 014 ***150.00 1. Entity Name L.E.G. ENTERPRISES, INC. Principal Place of Business Mailing Address 40071987 2622 ARBOR LN 6542 HYPOLUXO RD #291 ROYAL PALM BEACH, FL 33411 LAKE WORTH, FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4327 4327 S HWY ZT SHWY 27 Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 CR2E034 (12/06) Chg-P SUITE SUITE /0Z City & State City & State 4. FEI Number Applied For FL Clermont CIERMONT 41-2065743 Not Applicable Country :: Country \$8.75 Additional 5. Certificate of Status Desired LAKE L AKE 34711 Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent GRA FIFUS GRAFFIUS, LEE E Street Address (P.O. Box Number is Not Acceptable) SuiTE 2622 ARBOR LN ROYAL PALM BEACH, FL 33411 Clermon, 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. registred agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESTDENT TITLE ☐ Delete TITLE Addition Change GRAFFIUS GRAFFIUS, LEE E NAME NAME LEE 6 11029 LEMMY DR STREET ADDRESS 2622 ARBOR LN STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP clermonti 34711 VICE PRESIDENT TITLE VP TITLE Change Addition Delete WIGGAND MARK WIEGAND, MARK A NAME NAME LEMMY DR 11029 STREET ADDRESS 2622 ARBOR LN STREET ADDRESS CITY-ST-7IP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP 34711 Cleumont Delete TITLE TITLE TREASURER Change Addition JAMES E LEWIS 11029 LEMAY DR CLERMONT RL NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 34711 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

DINAME OF SIGNING OFFICER OR DIRECTOR

FILED