



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90152 013 \*\*\*150.00

<b>DOCUMENT # P03000065167</b> 1. Entity Name <b>LEE'S DRILLING EQUIPMENT SERVICES, INC.</b>		
Principal Place of Business <b>5370 W. STATE RD 84                  BAY #3                  FORT LAUDERDALE, FL 33314</b>		Mailing Address <b>8501 NW 12 ST.                  PEMBROKE PINES, FL 33024</b>
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <b>9337 NW 23 ST</b> Suite, Apt. #, etc.	
City & State City & State <b>Pembroke Pines</b>	City & State City & State <b>Pembroke Pines</b>	
Zip Country	Zip Country <b>33024 FL</b>	4. FEI Number <b>27-0060617</b>
6. Name and Address of Current Registered Agent <b>LEE, ANDRE N                  2209 SW 57TH AVENUE                  HOLLYWOOD, FL 33023</b>		7. Name and Address of New Registered Agent Name <b>Lee, Andre N.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5370 W STATE RD 84</b> <b>Bay #3</b> City <b>Davie</b> <b>FL</b> Zip Code <b>33314</b>
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 <u><i>Andre N Lee</i></u> <u><i>Mailing address change</i></u> <u><i>4/22</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD <input type="checkbox"/> Delete NAME LEE, ANDRE N STREET ADDRESS 8501 NW 12 ST. CITY-ST-ZIP PEMBROKE PINES, FL 33024		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input 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: <u><i>Andre N Lee</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>4/22/08</i></u> <u><i>954-797-6630</i></u> <small>Date Daytime Phone #</small>