

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000088717

FILED
May 25, 2005
Secretary of State**Entity Name:** LEE INTERNATIONAL REALTY, INC.**Current Principal Place of Business:**1417 DEL PRADO BLVD.
SUITE 2
CAPE CORAL, FL 33990**New Principal Place of Business:****Current Mailing Address:**1417 DEL PRADO BLVD.
SUITE 2
CAPE CORAL, FL 33990**New Mailing Address:****FEI Number:** 73-1678821**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEE, ARMANDO J
1417 DEL PRADO BLVD.
SUITE 2
CAPE CORAL, FL 33990 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PVST () Delete
Name: LEE, ARMANDO J
Address: 1417 DEL PRADO BLVD., SUITE 2
City-St-Zip: CAPE CORAL, FL 33990**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PVT (X) Change () Addition
Name: LEE, ARMANDO J
Address: 1417 DEL PRADO BLVD., SUITE 2
City-St-Zip: CAPE CORAL, FL 33990**Title:** S () Change (X) Addition
Name: LEE, LISET
Address: 1417 DEL PRADO BLVD., SUITE 2
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARMANDO J. LEE

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05/25/2005

Electronic Signature of Signing Officer or Director_____
Date