
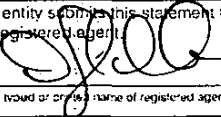
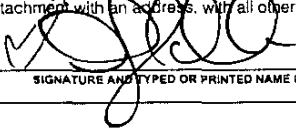


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90363 043 ***150.00

DOCUMENT # P03000113699 1. Entry Name LEE STREET, CORP.					
Principal Place of Business 13790 NW 4TH STREET SUITE 106 SUNRISE, FL 33325 US			Mailing Address 13790 NW 4TH STREET SUITE 106 SUNRISE, FL 33325 US		
2. Principal Place of Business 601 NW 155 Terrace Suite, Apt. #, etc. _____		3. Mailing Address 601 NW 155 Terr. Suite, Apt. #, etc. _____			
City & State Pembroke Pines FL		City & State Pembroke Pines FL			
Zip 33028		Country USA		Zip 33028	
Country USA		4. FEI Number 43-2031089			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ADLER, DEAN J 13790 NW 4TH STREET SUITE 106 SUNRISE, FL 33325			7. Name and Address of New Registered Agent Name ADLER, DEAN J. Street Address (P.O. Box Number is Not Acceptable) 601 NW 155 Terrace City Pembroke Pines FL Zip Code 33028		
8. The above named entity solemnly swears 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></u> DEAN J. ADLER 4/25/06 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADLER, DEAN J 13790 NW 4TH STREET, SUITE 106 SUNRISE, FL 33325	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADLER, DEAN J 601 NW 155 Terrace Pembroke Pines FL 33028
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIER, JEAN MARC 2125 NORTH 14TH COURT HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIER, JEAN MARC 2125 NORTH 14TH COURT HOLLYWOOD, FL 33020
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIER, HEIDI S 2125 NORTH 14TH COURT HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIER, HEIDI S 2125 NORTH 14TH COURT HOLLYWOOD, FL 33020
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-25-06</u> (954) 649 2960 <small>Daytime Phone #</small>		