, 2006 FOR PROFIT CORPORATION ANNUAL REPORT

EITY-ST-ZIP

SIGNATURE:

Apr 10, 2006 08:00 AM **Secretary of State** DOCUMENT # P03000140734 1. Entity Name LEE A. PAQUETTE, INC. Principal Place of Business Mailing Address 917 TARTAN DRIVE 917 TARTAN DRIVE VENICE, FL 34293 VENICE, FL 34293 CR2E034 (11/05) 01162008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1087622 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAQUETTE, LEE A DO NOT WRITE 917 TATAN DRIVE VENICE, FL 34293 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 7177 F PAQUETTE, LEE A MAME 917 TARTAN DRIVE STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 TITLE MAME 000000497328 04/22/06-80051-804 158.80 STREET ADDRESS CSTY-ST-ZSP TITLE NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 object like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

1/10/2006 941-493-8894