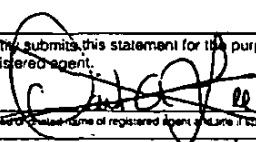
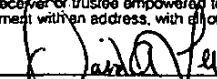


FILED
Mar 11, 2005 8:00 am
Secretary of State

2

DOCUMENT # P04000037837 1. Entity Name DAVID LEE ENTERPRISES INC.			
Principal Place of Business 2219 MARGARITA CT KISSIMMEE, FL 34741		Mailing Address 2219 MARGARITA CT KISSIMMEE, FL 34741	
2. Principal Place of Business 2219 Margarita ct Suite, Apt. #, etc. J		3. Mailing Address 2219 Margarita ct. Suite, Apt. #, etc.	
City & State Kissimmee FL		City & State Kissimmee FL	
Zip 34741	Country US	Zip 34741	Country US
6. Name and Address of Current Registered Agent LEE, DAVID A 2219 MARGARITA CT KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  (NOTE: Registered Agent signature required when reappointing) DATE 2-1-05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME LEE, DAVID A STREET ADDRESS 2219 MARGARITA CT CITY - ST - ZIP KISSIMMEE, FL 34741		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE 2-1-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			