## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2008 08:00 Al **DOCUMENT # P04000093718 Secretary of State** 1. Entity Name B.Y. LEE & ASSOCIATES, INC. Mailing Address Principal Place of Business 4001 ISLAND CLUB DR 4001 ISLAND CLUB DR LANTANA, FL 33462 LANTANA, FL 33462 03062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1213427 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEE, BENJAMIN Y PH.D 4001 ISLAND CLUB DR LANTANA, FL 33462 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE LEE, BENJAMIN Y PH.D NAME 4001 ISLAND CLUB DR STREET ADDRESS CITY-ST-ZIP LANTANA, FL 33462 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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 of suppliemental 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 report 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 attack mant with an address, with all other like empowered.

**SIGNATURE:** 

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08

Daytime Phone #