


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-31-2007 90002 033 \*\*\*150.00

<b>DOCUMENT # P04000113802</b>	
1. Entity Name <b>ALAN S. LESTER, INC.</b>	

Principal Place of Business <b>6821 SW 83RD N/A MIAMI, FL 33143 US</b>	Mailing Address <b>6821 SW 83RD N/A MIAMI, FL 33143 US</b>
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2. Principal Place of Business - No P.O. Box # <b>6858 SW 89th Terrace</b>	3. Mailing Address <b>6858 SW 89th</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pinecrest - FL</b>	City & State <b>Pinecrest - FL</b>
Zip <b>33156</b>	Zip <b>33156</b>
Country <b>US</b>	Country <b>US</b>



05162007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>LESTER, ALAN S 6821 SW 83RD PLACE N/A MIAMI, FL 33143</b>	
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4. FEI Number <b>20-1453258</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name <b>ALAN S. LESTER</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6858 SW 89th Terrace</b>	
City <b>Pinecrest -</b>	Zip Code <b>FL 33156</b>

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 <b>ALAN S. LESTER, P</b>	DATE <b>5-18-07</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LESTER, ALAN S</b>		NAME	
STREET ADDRESS <b>68 21 SW 83RD PLACE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33143</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <b>ALAN S. LESTER, P</b>	DATE: <b>5-18-07</b> DAYTIME PHONE: <b>305 519-0198</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	