

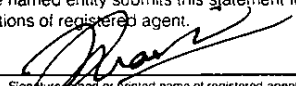
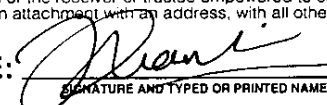


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90015 044 ***163.75

DOCUMENT # P05000008922 1. Entity Name KING LEE ENTERPRISE INC					
Principal Place of Business 201 US HWY 27 SOUTH AVON PARK, FL 33825			Mailing Address 201 US HWY 27 SOUTH AVON PARK, FL 33825		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 19041 Chislehurst Drive Suite, Apt. #, etc.			
City & State Zip		City & State Land O' Lakes, FL Zip 34638		4. FEI Number 20-2182679 Applied For <input type="checkbox"/> Not Applicable	
Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04122007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent KHOE, CHANDRA 5536 STARLING LOOP ROAD LAKELAND, FL 33810				7. Name and Address of New Registered Agent Name KHOE, CHANDRA Street Address (P.O. Box Number is Not Acceptable) 19041 CHISLEHURST DR. City LAND O' LAKES FL Zip Code 34638	
*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  DATE 04/18/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 KHOE, CHANDRA 5536 STARLING LOOP ROAD LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHOE, CHANDRA 19041 CHISLEHURST DR. LAND O' LAKES, FL-34638	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIE, VANA 5536 STARLING LOOP ROAD LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIE, VANA 19041 CHISLEHURST DR. LAND O' LAKES, FL-34638	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			Date 04/18/07 Daytime Phone # (813) 781-3467		