

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90034 015 \*\*\*150.00

<b>DOCUMENT # P06000064277</b>					
<b>1. Entity Name</b> LEWIS-LEE, INC.					
<b>Principal Place of Business</b> 3028 BONAVENTURE CIRCLE SUITE 201 PALM HARBOR, FL 34684			<b>Mailing Address</b> 3028 BONAVENTURE CIRCLE SUITE 201 PALM HARBOR, FL 34684		
<b>2. Principal Place of Business - No P.O. Box #</b> 3028 BONAVENTURE Cir		<b>3. Mailing Address</b> SAME			
Suite, Apt. #, etc. 201		Suite, Apt. #, etc.			
<b>City &amp; State</b> PALM HARBOR		<b>City &amp; State</b> "		<b>4. FEI Number</b> APPLIED FOR	
Zip 34684		Country PINELLAS		Country	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> LEWIS, LENA 2018 BONAVENTURE CIRCLE PALM HARBOR, FL 34684			<b>7. Name and Address of New Registered Agent</b>		
			Name <i>NONE</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, LENA OFFICER 3028 BONAVENTURE CIRCLE #201 PALM HARBOR, FL 34684		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Lena Lewis (Lena Lewis)</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					