


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90425 011 ***150.00

DOCUMENT # P97000012848	
1. Entity Name LEE R CARLSON, INC.	

Principal Place of Business 16204 ARMISTEAD LN. ODESSA FL 33556	Mailing Address 16204 ARMISTEAD LN. ODESSA FL 33556
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2. Principal Place of Business 16210 Chastain Rd Suite, Apt. #, etc.	3. Mailing Address 16210 Chastain Rd Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Odessa FL	City & State Odessa FL
Zip 33556	Zip 33556
Country Hillsborough	Country Hillsborough

4. FEI Number 59-3424748	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARLSON, LEE R 16204 ARMISTEAD LN. ODESSA FL 33556	
7. Name and Address of New Registered Agent Name Carlson, Lee R. Street Address (P.O. Box Number is Not Acceptable) 16210 Chastain Rd City Odessa FL Zip Code 33556	

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 Lee R Carlson <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE April 12, 2006 <small>(NOTE: Registered Agent signature required when re-registering)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARLSON, LEE R 16210 Chastain Rd ODESSA FL 33556	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARLSON, Lee R 16210 Chastain Rd Odessa FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.	
SIGNATURE: Lee R Carlson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE April 12, 2006 813-920-6862 <small>Date Daytime Phone</small>