2008 FOR PROFIT CORPORATION

Apr 14, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P97000017875 LEE STEWARD SERVICES, INC. Mailing Address Principal Place of Business 2905 PAFKO DRIVE 2905 PAFKO DRIVE SARASOTA, FL 34232 SARASOTA, FL 34232 03112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0427530 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEWARD, LEE DO NOT WRITE 2905 PAFKO DRIVE SARASOTA, FL 34232 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. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS 10. TITLE STEWARD, LEE NAME STREET ADDRESS 2905 PAFKO DRIVE U00000895865 SARASOTA, FL 34232 CITY-ST-ZIP 04/24/08-80086-001 150.00 TITLE NAME STEWARD, NANCY STREET ADDRESS 2905 PAFKO DRIVE CITY-ST-ZIP SARASOTA, FL 34232 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

12. Thereby 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 4 SO	14(8108	941 378 1241
BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OF DIRECTOR	Date	Daytime Phone #