2008 FOR PROEF CORPORATION ANNUAL REPORT

Jan 17, 2008 08:00 AM Secretary of State DOCUMENT # P97000049159 1. Entity Name FON LEE INC. Principal Place of Business Mailing Address 4645 GUN CLUB ROAD 4645 GUN CLUB ROAD **BAY 18 BAY 18** WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 No Chg-P 01042008 CR2E034 (11/05) 4. FE! Number Applied For 65-0764504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEI, RONG GEN DO NOT WRITE 4779 BRADY LANE PALM BEACH GARDEN, FL 33418 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstailing) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MEI, RONG GEN NAME STREET ADDRESS 4779 BRADY LANE CITY-ST-ZIP PALM BEACH GARDEN, FL 33418 TITLE NAME STREET ADDRESS 01/18/08-80019-020 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 eath; 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: X A 677 G C YOU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

040/08 (50)7129717

FILED