2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 04, 2008 08:00 AN **Secretary of State DOCUMENT # P99000054387** 1. Entity Name SUN LEE, INC. Principal Place of Business Mailing Address 3438-16 E. LAKE RD. 3438-16 E. LAKE RD. PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 and the second of the second o 01022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-3580366 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEE, POLLY 3155 SUMMER WAY PALM HARBOR, FL 34584 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. 1-30-08 SIGNATURE (NOTE; Registered Agent signature required when reinstating) ก2/ĭã/ñã-Řññ72-815 150.80 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS and the second and applied and the contraction of the second of the seco 10. TITLE verticale della vertical communications LEE, POLLY NAME 3155 SUMNER WAY STREET ADDRESS Commence of the second of the second of CITY-ST-ZIP PALM HARBO, FL 34684 k i ja jago kai ka matan magnifatas dikki i makang agas a basis TITLE ganga tangga After thing the feet is in eight fact in that he are recovery NAME kang sa magalan dan lajah da dan kempilah menghan menganan dan dan perperan d STREET ADDRESS CHY-ST-ZIP a agreement operation as seemed on the first TITLE and the state of t NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP er iga indi. Bang sensig malah k NAME STREET ADDRESS College and an original and street and 12. Thereby certify that the information supplied with this filling 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 we

1-30-00

Daytime Phone #

FILED