


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 10, 2007 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # V25394 1. Entity Name J.J. LEE ENTERPRISES INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 8433 TIVOLI DRIVE ORLANDO, FL 32836 | Mailing Address 8433 TIVOLI DRIVE ORLANDO, FL 32836 |
|---|---|

DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

| | |
|---|---|
| 4. FEI Number 59-3115264 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fees Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent LEE, JENNIE S P 8433 TIVOLI DRIVE ORLANDO, FL 32836 | DO NOT WRITE 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 required when reinstating) DATE

| | | |
|--|---|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|---|---|

| | |
|--|--|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LEE, JENNIE S P 8433 TIVOLI DRIVE ORLANDO, FL 32836 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST LEE, JULIE Y VP 8433 TIVOLI DRIVE ORLANDO, FL 32836 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LEE, CHANG C S 8433 TIVOLI DRIVE ORLANDO, FL 32836 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1100000768065
07/10/07-80029-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **7-3-07, 407-996-6388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #