


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 635573
 1. Entity Name
LEADERSHIP CENTERS, U.S.A., INC.



Principal Place of Business 8286 BAYBERRY RD JAX, FL 32256 US	Mailing Address 8286 BAYBERRY RD JAX, FL 32256 US
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1978264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**SCOTT, CHARLES R.
 8286 BAYBERRY RD
 JACKSONVILLE, FL 32256**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAD MERCADO, ELISE G 10330 MEADOW POINT DRIVE JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCOTT, CHARLES R 7185 FAIRWAY ROAD LA JOLLA, CA 92037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBSTER, CHARLES 2424 BUCKNELL DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOSCH, CHESTER J 1600 CANDLER BG127 PEACHTREE ST ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, KATHERINE 7185 FAIRWAY ROAD LA JOLLA, CA 92037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000185683
 01/21/05-80025-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles Webster **1/14/05 813-571-3755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #