


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # H16009
 1. Entity Name
LEADER TECH, INC.



Principal Place of Business
**14100 MCCORMICK DR.
 TAMPA, FL 33626**

Mailing Address
**3000 TAFT ST.
 HOLLYWOOD, FL 33021**



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2667972

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MENDELSON, VICTOR H
 3000 TAFT STREET
 HOLLYWOOD, FL 33021**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEGRINI, DARIO
STREET ADDRESS	14100 MCCORMICK DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	TD
NAME	IRWIN, THOMAS S
STREET ADDRESS	3000 TAFT STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	S
NAME	VETTER, JUDITH W
STREET ADDRESS	3000 TAFT STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	AS
NAME	LETENDRE, ELIZABETH R
STREET ADDRESS	3000 TAFT ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VC
NAME	MENDELSON, VICTOR H
STREET ADDRESS	3000 TAFT ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/14/08-80065-018 150.00

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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-14-08** Daytime Phone # _____