


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90099 041 ****61.25

DOCUMENT # N0100000524		
1. Entity Name LATINO LEADERSHIP, INC.		
Principal Place of Business 615 HERNDON AVE A ORLANDO FL 32803		Mailing Address 615 HERNDON COVE A ORLANDO FL 32803
2. Principal Place of Business		3. Mailing Address <i>615 Herndon Avenue</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>A</i>
City & State		City & State <i>Orlando Florida</i>
Zip	Country	Zip <i>32803</i> Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-3702613		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOMEZ, LUIS F 1500 S SEMORAN BLVD ORLANDO FL 32807		7. Name and Address of New Registered Agent Name <i>Luis F. Gomez</i> Street Address (P.O. Box Number is Not Acceptable) <i>1560 N. Goldenrod Rd</i> <i>Suite 17</i> City <i>Orlando</i> FL Zip Code <i>32807</i>	
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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: *[Signature]* DATE: *1-30-2006*

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANZ, MARYTZA			NAME			
STREET ADDRESS	615-A HERNDON AVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARGIE, STEINBARGER			NAME			
STREET ADDRESS	14702 PARNBOROUGH CT			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32826			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRE, LUPE			NAME			
STREET ADDRESS	7412 LAKE DR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32809			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NU EZ, BENJAMIN			NAME			
STREET ADDRESS	2101 PARK CENTER DR SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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]* DATE: *1-30-2006 4078936424*