


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000063903
 1. Entity Name
LEEDON DEVELOPMENT CORP.



Principal Place of Business C/O SERBER & ASSOCIATES PA 2875 NE 191 STREET AVENTURA, FL 33180	Mailing Address C/O YVONNE SHIH 47 LEEDON PARK SINGAPORE, SG 26791-4
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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
WEALCATCH, MATTHEW B
 2875 NE 191 STREET
 AVENTURA, FL 33180

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 _____ 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHIH, YVONNE 47 LEEDON PARK SINGAPORE, SG 267914
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 01/28/04-80078-016 150.00

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:  **9th January 2004** (65)97899202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #