2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# P05000048713

Entity Name: MASTER LEADERSHIP UNIVERSITY, INC.

Current Principal Place of Business:

1633 E. VINE STREET
SUITE 120
KISSIMMEE, FL 34744

New Principal Place of Business:

1633 E. VINE STREET
SUITE 202
KISSIMMEE, FL 34744

Current Mailing Address:

1633 E. VINE STREET
SUITE 120
KISSIMMEE, FL 34744

New Mailing Address:

1633 E. VINE STREET
SUITE 202
KISSIMMEE, FL 34744

FEI Number: 20-2604344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORALES, OSCAR J SR.
1633 E. VINE ST
SUITE 202
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORALES, OSCAR J SR.
Address: 14314 VERANO DR.
City-St-Zip: ORLANDO, FL 32837

Title: VP ( ) Delete
Name: MORALES, OSCAR J JR.
Address: 14320 VERANO DR
City-St-Zip: ORLANDO, FL 32837

Title: SEC ( ) Delete
Name: BECERRA DE MORALES, ZEILA
Address: 14320 VERANO DR
City-St-Zip: ORLANDO, FL 32837

Title: TREA ( ) Delete
Name: MORALES, CEILA
Address: 14320 VERANO DR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OM P 05/03/2006

Electronic Signature of Signing Officer or Director — Date