


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 16 PM 1:55

<b>DOCUMENT # P06000157381</b> 1. Entity Name <b>AMERIPRISE LEADS, INC.</b>	
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Principal Place of Business 1301 ISLESWORTH COURT ROYAL PALM BEACH, FL 33411	Mailing Address 1301 ISLESWORTH COURT ROYAL PALM BEACH, FL 33411
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2. Principal Place of Business - No P.O. Box # <b>107 ISOLA CIRCLE</b> Suite, Apt. #, etc.	3. Mailing Address <b>107 ISOLA CIRCLE</b> Suite, Apt. #, etc.
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City & State <b>ROYAL PALM BEACH, FL</b>	City & State <b>ROYAL PALM BEACH, FL</b>
Zip <b>33411</b>	Country <b>PALM BEACH</b>



04132008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent  <b>INVIESTA, JAVIER</b> <b>1301 ISLEWORTH COURT</b> <b>ROYAL PALM BEACH, FL 33411</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>107 ISOLA CIRCLE</b> City <b>ROYAL PALM BEACH FL</b> Zip Code <b>33411</b>
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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 Javier Infiesta 4/14/08  
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>INFIESTA, JAVIER</b> <b>1301 ISLEWORTH COURT</b> <b>ROYAL PALM BEACH, FL 33411</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Javier Infiesta</b> <b>107 Isola Circle</b> <b>Royal Palm Beach, FL 33411</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700123767487</b> <b>04/16/08--01019--025 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; text-align: center;">B 4</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 07-08</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Javier Infiesta 4/14/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #