

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000085680 1. Entity Name LEO EQUITY GROUP, INC.		
Principal Place of Business ONE EAST ELEVENTH STREET SUITE 500 RIVIERA BCH, FL 33404 US		Mailing Address ONE EAST ELEVENTH STREET SUITE 500 RIVIERA BCH, FL 33404 US
DO NOT WRITE IN THIS SPACE		 05102004 No Chg-P CR2E034 (10/03)
		4. FEI Number 22-3470648 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 MCTIGHE, JOHN M. ONE EAST ELEVENTH STREET, SUITE 500 RIVIERA, FL 33404		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		U000000160393 05/19/04-80004-020 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MURRAY, FRANCIS W 211 BENIGNO BOULEVARD, SUITE 210 BELLMAWR, NJ 08031	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEO, FRANK 777 E. PORT ROAD RIVIERA BCH, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIUCCI, JACK 777 E. PORT ROAD RIVIERA BCH, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURRAY, FRANCIS X ONE EAST ELEVENTH STREET, SUITE 500 RIVIERA BCH, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCTIGHE, JOHN M ONE EAST ELEVENTH STREET, SUITE 500 RIVIERA BCH, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Francis X. Murray May 13, 2004 561-845-2101 Date Daytime Phone #