## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 528474**

Address:

City-St-Zip:

550 OCEAN DR

KEY BISCAYNE, FL 33149

Entity Name: LEEDS BUSINESS COUNSELING, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
19333 W. COUNTRY CLUB DRIVE HYATT CLASSIC RESIDENCES SUITE 622 MIAMI, FL 33180			HYATT (	19333 W. COUNTRY CLUB DRIVE HYATT CLASSIC RESIDENCES SUITE 622 MIAMI, FL 33180 US		
Current M	lailing Addre	ss:	New Ma	New Mailing Address:		
550 OCEA 8-E KEY BISC	AN DR AYNE, FL 33 <sup>,</sup>	149 US				
	: 59-1726598	FEI Number Applied For ( )	FEI Number Not Ap	oplicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
550 OCÉA 8-E	R., PAUL D IN DRIVE AYNE, FL 33 <sup>,</sup>	149 US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing	g its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Age	ent	Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LEEDS, HERB	JNTRY CLUB DRIVE SUITE 622	Title: Name: Address: City-St-Zip		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LEEDS, DORG	JNTRY CLUB DR SUITE #622	Title: Name: Address: City-St-Zip		( ) Change ( ) Addition	
Title: Name:	SD ( BARNS, JR., F	) Delete PAUL D	Title: Name:	1	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: PAUL D. BARNS, JR. SD 01/15/2009