## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 635573** 

FILED Feb 10, 2009 Secretary of State

Entity Name: LEADERSHIP CENTERS, U.S.A., INC.						
Current Principal Place of Business:				New Principal Place of Business:		
8286 BAYB JAX, FL 32						
Current Mailing Address:				New Mailing Address:		
8286 BAYB JAX, FL 32						
FEI Number:	59-1978264	FEI Numbe	er Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SCOTT, CH 8286 BAYB JACKSON		2256 US				
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.						
SIGNATUR	E:					
Electronic Signature of Registered Agen				nt	Date	
Election Carr	ıpaign Financ	ing Trust Fund	Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MERCADO, I 13530 ISLA			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CD SCOTT, CHA 7185 FAIRW LA JOLLA, C	AY ROAD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD WEBSTER, 0 2809 SKIMM VALRICO, FL	ER PT DR S		Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition WEBSTER, CHARLES 2809 SKIMMER PT DR S GULFPORT, FL 33594	
Title: Name: Address: City-St-Zip:	HOSCH, CHE	ER BG127 PEA	CHTREE ST	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition HOSCH, CHESTER J 1100 PEACHTREE ST NE STE 800 ATLANTA, GA 30309	
Title:	D	( ) Delete		Title:	( ) 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES R SCOTT CD 02/10/2009

SCOTT, KATHERINE

7185 FAIRWAY ROAD

LA JOLLA, CA 92037

Name:

Address:

City-St-Zip: