2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006
Secretary of State

DOCUMENT# 694870

Entity Name: LEAP ASSOCIATES INTERNATIONAL, INC.

Current Principal Place of Business:

11307 N. 52ND STREET
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16007
TAMPA, FL 336876007 US

New Mailing Address:

FEI Number: 59-2110024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWORTH GEORGE L.
11307 N. 52ND STREET
TAMPA, FL 33617 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CB/D	( ) Delete
Name:	SOUTHWORTH, GEORGE L,	
Address:	11307 N. 52ND ST, STE 100	
City-St-Zip:	TAMPA, FL 33617 US	
Title:	PD	( ) Delete
Name:	TRIMBATH, BRYAN R.,	
Address:	10112 QUEENS PARK DR.	
City-St-Zip:	TAMPA, FL 33647 US	
Title:	VP	( ) Delete
Name:	BARRETT, CRAIG T	
Address:	12-10411 VILLA VIEW CIRCLE	
City-St-Zip:	TAMPA, FL 33647 US	
Title:	S/T	( ) Delete
Name:	THOMAS, GAIL	
Address:	9329 FAIRWAY LAKES CT	
City-St-Zip:	TAMPA, FL 33647 US	
Title:	VP	(X) Delete
Name:	HABIB, MOHAMMAD S	
Address:	15350 AMBERLY DR # 1614	
City-St-Zip:	TAMPA, FL 33647 US	
Title:	VP	( ) Delete
Name:	KISER, LAMAR P	
Address:	5214 EAGLE ISLAND DRIVE	
City-St-Zip:	LAND O' LAKES, FL 34639 US	

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:	ST	(X) Change ( ) Addition
Name:	THOMAS, GAIL	
Address:	9329 FAIRWAY LAKES CT	
City-St-Zip:	TAMPA, FL 33647 US	
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: GAIL THOMAS ST 02/06/2006

Electronic Signature of Signing Officer or Director — Date