

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000005131

FILED
Jan 31, 2006
Secretary of State

Entity Name: LEADS-FOR-LESS ONLINE INC.

Current Principal Place of Business:

8305 GUNN HWY
TAMPA, FL 33626

New Principal Place of Business:

18919 ST LAURENT DR
LUTZ, FL 33558

Current Mailing Address:

8305 GUNN HWY
TAMPA, FL 33626

New Mailing Address:

18919 ST LAURENT DR
LUTZ, FL 33558

FEI Number: 42-1529096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEST, AARON M
8305 GUNN HWY
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

VEST, AARON M
18919 ST LAURENT DR
LUTZ, FL 33558 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.

SIGNATURE: AARON M VEST

01/31/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: ROSENBLATT, BRETT
Address: 60 OAK DR
City-St-Zip: SYOSSET, NY 11791

Title: VCVP () Delete
Name: VEST, AARON M
Address: 8305 GUNN HWY
City-St-Zip: TAMPA, FL 33626

Title: ST () Delete
Name: VEST, AARON M
Address: 8305 GUNN HWY
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCVP (X) Change () Addition
Name: VEST, AARON M
Address: 18989 ST LAURENT DR
City-St-Zip: LUTZ, FL 33558

Title: ST (X) Change () Addition
Name: VEST, AARON M
Address: 18989 ST LAURENT DR
City-St-Zip: LUTZ, FL 33558

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: AARON M VEST

VCVP

01/31/2006

Electronic Signature of Signing Officer or Director

Date