2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003546

Entity Name: MOUNTAIN HIGH LEDER, INC.

FILED Sep 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

321 SOUTH POLK STREET 4755 TECHNOLOGY WAY PINEVILLE, NC 28134

SUITE 202

BOCA RATON, FL 33431 US

Current Mailing Address: New Mailing Address:

321 SOUTH POLK STREET 4755 TECHNOLOGY WAY

PINEVILLE, NC 28134 SUITE 202

BOCA RATON, FL 33431 US

FEI Number: 56-1786373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC. LEDER REALTY & MANAGEMENT, INC. 515 EAST PARK AVENUE 4755 TECHNOLOGY WAY

TALLAHASSEE, FL 32301 US SUITE 202

BOCA RATON, FL 33431 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: SEAN LEDER, VP 09/19/2008

> 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 (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LEDER, SAMUEL E Name: Name: LEDER, SAMUEL E

23257 STATE ROAD 7, SUITE 209 4755 TECHNOLOGY WAY, SUITE 202 Address: Address:

City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33431 US

Title: Title:

(X) Change () Addition () Delete Name: SPARLIN, EUGENE Name: SPARLIN, EUGENE

630 RIVER CHASE RIDGE W 4755 TECHNOLOGY WAY, SUITE 202 Address: Address:

ATLANTA, GA 30328 BOCA RATON, FL 33431 US City-St-Zip: City-St-Zip:

Title: Title: () Delete DM(X) Change () Addition BISHOP, GEORGE J III LEDER, SEAN M Name: Name:

3906 N OCEAN BLVD 4755 TECHNOLOGY WAY, SUITE 202 Address: Address:

City-St-Zip: MYRTLE BEACH, SC 29578 City-St-Zip: BOCA RATON, FL 33431 US

Title: (X) Delete Title: () Change () Addition

CAPLIVSKI, ABRAHAM Name: Name: Address: 6500 TROPICAL WAY Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip:

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.

VΡ SIGNATURE: SEAN M. LEDER 09/19/2008