2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006
Secretary of State

DOCUMENT# H28280

Entity Name: LEAP SOFTWARE, INC.

Current Principal Place of Business:

11602 N 51ST ST
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16827
TAMPA, FL 336876827 US

New Mailing Address:

FEI Number: 59-2463082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWORTH, GEORGE L
11602 N 51ST ST. STE 200
TAMPA, FL 33510 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: COBD ( ) Delete
Name: SOUTHWORTH, GEORGE L, .
Address: 3391 EAGLE NEST DRIVE
City-St-Zip: SPRING HILL, FL 34607

Title: PD ( ) Delete
Name: TANASE, LIVIU
Address: 2117 LANDALE PLACE
City-St-Zip: VALRICO, FL 33594

Title: ST ( ) Delete
Name: THOMAS, GAIL
Address: 9329 FAIRWAY LAKES CT.
City-St-Zip: TAMPA, FL 33647

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: ZOKAIE, TOORAK
Address: 1263 SOUZA DRIVE
City-St-Zip: ELDORADO HILLS, CA 95762

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