

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H28280

Entity Name: LEAP SOFTWARE, INC.

FILED  
Jan 04, 2007  
Secretary of State

## 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 (X)

## 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:

TANASE, LIVIU D  
11602 N 51ST ST.  
TAMPA, FL 33617 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: LIVIU D TANASE

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PTD (X) Change ( ) Addition  
Name: TANASE, LIVIU D  
Address: 2117 LANDALE PLACE  
City-St-Zip: VALRICO, FL 33594

Title: S (X) Change ( ) Addition  
Name: THOMAS, GAIL  
Address: 9329 FAIRWAY LAKES CT.  
City-St-Zip: TAMPA, FL 33647

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

S

01/04/2007

Electronic Signature of Signing Officer or Director

Date