## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J24448

FILED Apr 27, 2009 Secretary of State

Entity Nan	ne: LEADS F	PLUS, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
	GOMERY PLA TE SPRINGS				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 4 KILLARNE	126 Y, FL 34740				
FEI Number:	59-2751245	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
KELLEY, GOLDBEG, LEACH & COHN PL 475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714 US				KGLC 475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714 US	
The above in the State		submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: STEPHEN COHN				04/27/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ALLEN, GORD 17745 DEER II KILARNEY, FL	SLE CIR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VST ( ALLEN, BERTH 17745 DEER II KILLARNEY, F	SLE CIR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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.

SIGNATURE: GORDON N. ALLEN P 04/27/2009