


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J69319		
1. Entity Name LEU, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 29 AM 7:58

Principal Place of Business C/O LEE USILTON 26133 US HWY. 19 N., STE 100 CLEARWATER, FL 33763 US	Mailing Address C/O LEE USILTON 26133 U.S. HWY 19 N., STE 100 CLEARWATER, FL 33763 US
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2. Principal Place of Business 107 Hampton Rd.		3. Mailing Address 107 Hampton Rd.	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33759	Country US	Zip 33759	Country US

10262004 REIN-P CR2E098 (6/04)

4. FEI Number 59-2833668		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KIEFER, NEIL G. 26133 US HWY. 91 N. SUITE 100 CLEARWATER, FL 33763		7. Name and Address of New Registered Agent Name Neil G. Kiefer Street Address (P.O. Box Number is Not Acceptable) 107 Hampton Rd. Suite 200 City Clearwater, FL Zip Code 33759	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Neil G. Kiefer** DATE: **10/27/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE 200042316092	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME USILTON, LEE		NAME 10/29/04--01055--036	**150.00
STREET ADDRESS 136 MIDWAY ISLAND		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER, FL 33767		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lee Usilton, Pres/Dir** DATE: **10/27/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/04