2006 FOR PROFIT CORPORATION

Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-10-2006 90321 019 ***150.00 DOCUMENT #L01810 GROUP LEADERS, INC. Principal Place of Business Mailing Address 60025408 2800 E COMMERCIAL BLVD 2800 E COMMERCIAL BLVD STE 208 **STE 208** FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 CR2E034 (11/05) 4. FEI Number Applied For City & State City & State Not Applicable 65-0135673 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KATZ, ALLEN H P.A. Street Address (P.O. Box Number is Not Acceptable) 2800 E COMMERCIAL BLVD **STE 208** FT. LAUDERDALE, FL 33308 City Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Delete ☐ Change ☐ Addition TITLE TITLE DAUGHERTY, JAMES T NAME NAME STREET ADDRESS 2800 E COMMERCIAL BLVD STE 208 STREET ADDRESS FT. LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-ZIP ITLE ST Delete TITLE ☐ Change Addition DAUGHERTY, CLARA M NAME NAME 2800 E COMMERCIAL BLVD STE 208 STREET ADDRESS STREET ADDRESS FT: LAUDERDALE, FL 33308 CITY-ST-70P CHY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete DAUGHERTY, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 2800 E COMMERCIAL BLVD STE 208 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33308 ТΠΙΕ ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the certification or the certification of the corporation or the certification of the corporation or the certification of the corporation or an attainment with an address, with all other like empowered. GARS T. DAVGHERTY

SIGNATURE:

FILED