



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90006 031 \*\*\*150.00

<b>DOCUMENT # L01810</b> 1. Entity Name GROUP LEADERS, INC.			
Principal Place of Business 2800 E COMMERCIAL BLVD STE 208 FORT LAUDERDALE, FL 33308		Mailing Address 2800 E COMMERCIAL BLVD STE 208 FORT LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box # <b>175 W. CAMINO REAL</b>  <b>BOCA RATON, FL</b>  <b>33432 U.S.A</b>		3. Mailing Address <b>13900 S. JOG RD</b> <b># 203-276</b>  <b>DELRAY BEACH, FL</b>  <b>33446 U.S.A 446</b>	
			
		03042008    Chg-P    CR2E034 (12/06)	
		4. FEI Number <b>65-0135673</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  KATZ, ALLEN H P.A. 2800 E COMMERCIAL BLVD STE 208 FT. LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent  Name <b>Allen H KATZ P.A</b> Str <b>13900 S. JOG ROAD</b> <b># 203-276</b> City <b>DELRAY BEACH, FL 33446</b> <b>FL</b> Zip Code	
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)    DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P DAUGHERTY, JAMES T 2800 E COMMERCIAL BLVD STE 208 FT. LAUDERDALE, FL 33308	TITLE	James Daugherty 13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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: <i>James T. Daugherty</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JAMES DAUGHERTY    3/11/08    954 749 3637 Date    Daytime Phone #	