


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90176 020 ****50.00

| | | |
|--|--|---|
| DOCUMENT # L02000032747 | |  |
| 1. Entity Name CORPORATE GOVERNANCE AND LEADERSHIP, LLC | | |

| | |
|---|--|
| Principal Place of Business 6893 SW 18TH ST #201 BOCA RATON, FL 33433 | Mailing Address PO BOX 4877 DEERFIELD BEACH, FL 33442-4877 |
|---|--|

20009407



| | | | |
|--|----------------|---------------------|---------|
| 2. Principal Place of Business 399 W. CAMINO GARDENS BL | | 3. Mailing Address | |
| Suite, Apt. #, etc. # 307 | | Suite, Apt. #, etc. | |
| City & State BOCA RATON, FL | | City & State | |
| Zip 33432 | Country USA | Zip | Country |

01232006 Chg-LLC CR2E083 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 54-2084626 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| FIRESTONE, DEBORAH 7910 TENNYSON CT BOCA RATON, FL 33433 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | 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 <i>Debbie Firestone</i> | DATE 4/13/06 |

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR EPSTEIN-FIRESTONE, DEBORAH 7910 TENNYSON COURT BOCA RATON, FL 33433 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

| | | |
|---|-----------------|-----------------|
| SIGNATURE: <i>Debbie Firestone</i> Debbie Firestone | Date 4/13/06 | Daytime Phone # |
|---|-----------------|-----------------|