

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057345

Entity Name: L.E.A.P TRAINING SYSTEMS, LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

3600 WEEMS ROAD
SUITE H
TALLAHASSEE, FL 32317

Current Mailing Address:

1795 FALCON CREST DR.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

1891 CAPITAL CIRCLE NE
SUITE 7
TALLAHASSEE, FL 32308

New Mailing Address:

3330 SHADOWMOSS DRIVE
TALLAHASSEE, FL 32308 US

FEI Number: 57-1197529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ARNOLD, CAROLYN D
1795 FALCON CREST DR.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

ARNOLD, CAROLYN D
3330 SHADOWMOSS DRIVE
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: CAROLYN D. ARNOLD

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARNOLD, CAROLYN D
Address: 1795 FALCON CREST DR.
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARNOLD, CAROLYN D
Address: 3330 SHADOWMOSS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

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 is true and accurate and that my electronic 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: CAROLYN D. ARNOLD

MS.

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date