


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90004 002 \*\*\*150.00

<b>DOCUMENT # L54842</b>	
1. Entity Name <b>AMERICA LEISURE PLUS, INC.</b>	

Principal Place of Business <b>6979 TAMiami TRl SARASOTA, FL 34239 US 34231</b>	Mailing Address <b>6979 TAMiami TRl SARASOTA, FL 34239 US 34231</b>
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2. Principal Place of Business - No P.O. Box # <b>6979 TAMiami TR. S.</b>	3. Mailing Address <b>6979 TAMiami TR. S.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SARASOTA, FL.</b>	City & State <b>SARASOTA, FL.</b>
Zip <b>34231</b>	Zip <b>34231</b>
Country <b>U.S.</b>	Country <b>U.S.</b>

04292008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0178842</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ELY, ROBERT 6979 TAMiami TRl S SARASOTA, FL 34231</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<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 <u><i>Robert Ely</i></u> <b>ROBERT ELY</b>	DATE <u>9/29/08</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ELY, ROBERT P. 6979 S. TAMiami TR SARASOTA, FL 34231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEBER, DAVID 6979 S. TAMiami TR SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STATTON, ROBERT 6979 S. TAMiami TR SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>(DELETE)</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEBER, DAVID 6979 S. TAMiami TR SARASOTA, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STATTON, ROBERT 6979 S. TAMiami TR SARASOTA, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.	
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SIGNATURE: <u><i>Robert Ely</i></u> <b>ROBERT ELY</b>	DATE <u>9/29/08</u>	DAYTIME PHONE # <u>941-925-0383</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		