


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90025 029 \*\*\*150.00

<b>DOCUMENT # L65144</b>			
1. Entity Name <b>LEAHY INCORPORATED</b>			
Principal Place of Business <b>5307 NW 35 TERR FT LAUDERDALE, FL 33309 US</b>		Mailing Address <b>5307 NW 35 TERR FT LAUDERDALE, FL 33309 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 2767</b> Suite, Apt. #, etc.	
City & State		City & State <b>Indianapolis, IN</b>	
Zip	Country	Zip	Country
		<b>46206</b>	<b>USA</b>
4. FEI Number <b>22-3039757</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KOHLHASS, MICHAEL R 9604 SW 35TH LANE GAINESVILLE, FL 32608</b>		7. Name and Address of New Registered Agent Name <b>George Glasser</b> Street Address (P.O. Box Number is Not Acceptable) <b>2432 NE 27th Terrace</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33305</b>	
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>George Glasser</i></u> DATE <u>7/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nonresident)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b); F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD CAMERON, C A 18185 SOUTH EAST VILLAGE CIRCLE TEQUESTA, FL 33465</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman H. Charles Koehler 9302 N. Meridian St. #355 Indianapolis, IN 46260</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTS GLASSER, GEORGE 2432 N.E. 27TH TERRACE FT. LAUDERDALE, FL 33305</b> <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	<b>D LEWIS, BURT A 1133 AVENUE OF AMERICAS NEW YORK, NY</b> <input checked="" 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
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: <u><i>H. Charles Koehler</i></u>		Date: <u>7/10/06</u> Daytime Phone #: <u>317-581-1036</u>	