2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# M04000001702

Entity Name: LEAD SYSTEMS, LLC

Current Principal Place of Business:

7469 W LAKE MEAD BLVD, STE 200
LAS VEGAS, NV 89128

New Principal Place of Business:

Current Mailing Address:

6001-21 ARGYLE FOREST BLVD.
SUITE 361
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 20-0826820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNDON, CURTIS
6001-21 ARGYLE FOREST BLVD.
SUITE 361
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR. ( ) Delete
Name: HERNDON, CURTIS
Address: 6001-21 ARGYLE FOREST BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR. ( ) Delete
Name: STRICKLAND, DIANE
Address: 6001-21 ARGYLE FOREST BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HERNDON, CURTIS
Address: 6001-21 ARGYLE FOREST BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM (X) Change ( ) Addition
Name: STRICKLAND, DIANE
Address: 6001-21 ARGYLE FOREST BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE STRICKLAND MGRM 10/05/2006

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