2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2006 8:00 am Secretary of State 02-16-2006 90037 017 ****70.00 DOCUMENT # N04000002784 04-17-2006 90371 009 ****61.25 LADY LAKE BUSINESS LEADERS, INC. 40050918 Principal Place of Business Mailing Address 6215 SE 182 AVE RD 6215 SE 182 AVE RD OCKLAWAHA, FL 32179 OCKLAWAHA, FL 32179 Mailing Address 6113 Spinnaker 2. Principal Place of Business 6113 Spinnaker Loop Suite, Apt. #, etc Suite, Apt. #, etc. 04042006 Chg-NP CR2E037 (11/05) City & State Lady Lake 4. FEI Number 36-4555817 City & State Applied For Lady Lake Not Applicable Country Lake Zip 32159 \$8.75 Additional 32159 5. Certificate of Status Desired ake Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Boenes, Karen THOMPSON, DEBRA Street Address (P.O. Box Number is Not Acceptable) 6215 SE 182 AVE RD OCKLAWAHA, FL 32179 1465 Blease Loop Zip Code 33162 Lady Lake 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 Karen S Barnes (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP TIFLE X Delete TITLE Stephen Stiffler X Addition LOURY, TOM · NAME NAME 6113 Spinnaker Loop P O BOX 198 STREET ADDRESS STREET ADDRESS Lady Lake, FL 32159 CITY-ST-ZIP DUNNELLON, FL 34430 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NORVELL, MICHAEL SR NAME NAME STREET ADDRESS 34025 LEE AVE STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP Karen Barnes ĎΤ Delete TITLE TITLE M Addition THOMPSON, DEBRA NAME NAME 1465 Blease Loop Lady Lake, FL 32162 STREET ADDRESS 6215 SE 182 AVE RD STREET ADDRESS CITY-ST-ZIP OCKLAWAHA, FL 32179 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Lepore, Jeff LEPORE, JELJ NAME NAME 10201 SE 170TH PLACE STREET ADDRESS STREET ADDRESS

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 617, 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.

CITY-ST-7IP

STREET ADDRESS

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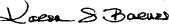
TITLE

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SUMMERFIELD, FL 34491



4/4/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Daytime Phone #

☐ Change

Change

Addition

☐ Addition

FILED