

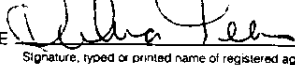
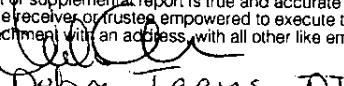


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90002 015 ***150.00

DOCUMENT # N04000002784					
1. Entity Name LADY LAKE BUSINESS LEADERS, INC.					
Principal Place of Business 6113 SPINNAKER LP LADY LAKE, FL 32159			Mailing Address 6113 SPINNAKER LP LADY LAKE, FL 32159		
2. Principal Place of Business - No P.O. Box # 34025 LEE AVE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 51 Suite, Apt. #, etc.			
City & State Leesburg FL		City & State Fruitland Park FL		08282007 Chg-NP CR2E037 (12/06)	
Zip 34788		Country USA		4. FEI Number 36-4555817	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARNES, KAREN 1465 BLEASE LP LADY LAKE, FL 32162			7. Name and Address of New Registered Agent Name: Debra TEEMS Street Address (P.O. Box Number is Not Acceptable): 2365 Parr Dr City: The Villages FL Zip Code: 32162		
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: 				DATE: 8/26/2007	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STIFFLER, STEPHEN <input checked="" type="checkbox"/> Delete 6113 SPINNAKER LP LADY LAKE, FL 32159				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV NORVELL, MICHAEL SR <input type="checkbox"/> Delete 34025 LEE AVE LEESBURG, FL 34788				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BARNES, KAREN <input checked="" type="checkbox"/> Delete 1465 BLEASE LP LADY LAKE, FL 32162				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEPORE, JEFF <input type="checkbox"/> Delete 10201 SE 170TH PLACE SUMMERFIELD, FL 34491				
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 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Norvell, Sr 34025 LEE AVE Leesburg, FL 34788				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carolyn Preston P.O. Box 51 Fruitland Park FL 34731				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Debra Teems 2365 Parr Dr The Villages, FL 32162				
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 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.					
SIGNATURE: 				DATE: 8/26/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 352-751-1381	