

## ANNUAL REPORT

DOCUMENT # N04000004478

1. Entity Name  
LEADERSHIP ACADEMY WEST INC.

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
2030 S CONGRESS AVE  
WEST PALM BEACH, FL 33406Mailing Address  
2030 S CONGRESS AVE  
WEST PALM BEACH, FL 33406

01092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
02-0721623Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

EARLE, KELLY  
2030 S CONGRESS AVE  
WEST PALM BEACH, FL 33406**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**9. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME LITTLE, FRANCIS  
STREET ADDRESS 2030 S CONGRESS AVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33406TITLE O  
NAME ESPINOZA, RENNATTA  
STREET ADDRESS 2030 S CONGRESS AVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33406TITLE O  
NAME EARLE, KELLY  
STREET ADDRESS 2030 S. CONGRESS AVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33406TITLE O  
NAME EDWARD, MUELLER  
STREET ADDRESS 2030 S CONGRESS AVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33406TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPU00000589291  
01/18/07-80010-011 70.00**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis M. Little

1/9/07 561 434 0996

Date

Daytime Phone #