2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N06000007835

Entity Name: LEADERSHIP & DEVELOPMENT CONSORTIUM CORP.

Current Principal Place of Business:

5141 SW 159TH AVE
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

5141 SW 159TH AVE
MIAMI, FL 33185

New Mailing Address:

FEI Number: 01-0894450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GATE MEDIA AUDIOVISUAL CORP.
5141 SW 159TH AVE
MIAMI, FL 33185 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALTAMIRANO, LUIS
Address: 5141 SW 159TH AVE
City-St-Zip: MIAMI, FL 33185

Title: V ( ) Delete
Name: ALTAMIRANO, GABRIELA
Address: 5141 SW 159TH AVE
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete
Name: CLACKAY, WILSON
Address: .
City-St-Zip: LIMA PERU,

Title: D ( ) Delete
Name: ACOSTA, MARTA
Address: .
City-St-Zip: LIMA PERU,

Title: D (X) Delete
Name: VIDALES, DELCIO
Address: .
City-St-Zip: LIMA PERU,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALTAMIRANO, GABRIELA
Address: 5141 SW 159TH AVE
City-St-Zip: MIAMI, FL 33185

Title: V (X) Change ( ) Addition
Name: ALTAMIRANO, LUIS
Address: 5141 SW 159TH AVE
City-St-Zip: MIAMI, FL 33185

Title: D (X) Change ( ) Addition
Name: MEDINA, MERY IRIS
Address: 5141 SW 159 AVE
City-St-Zip: MIAMI, FL 33185

Title: D (X) Change ( ) Addition
Name: ALTAMIRANO, MARCO
Address: 5141 SW 159 AVE
City-St-Zip: MIAMI, FL 33185

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIELA ALTAMIRANO P 04/26/2007

Electronic Signature of Signing Officer or Director — Date