2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008
Secretary of State

DOCUMENT# N06000010880

Entity Name: LEADERS BY EMPOWERMENT, ACTIVIST BY DEVELOPMENT, INC.

Current Principal Place of Business:

4900 WEST HALLANDALE BEACH BLVD.
PEMBROKE PARK, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

4900 WEST HALLANDALE BEACH BLVD.
PEMBROKE PARK, FL 33023 US

New Mailing Address:

FEI Number: 20-4996561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, SHEVRIN
4702 SW 23RD ST.
HOLLYWOOD, FL 33023 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: D ( ) Delete
Name: JONES, SHEVRIN
Address: 4702 SW 23RD ST.
City-St-Zip: HOLLYWOOD, FL 33023

Title: D ( ) Delete
Name: GARNER, DONALD
Address: 822 ESSEX DR.
City-St-Zip: TALLAHASSEE, FL 32304

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition
Name: JONES, SHEVRIN
Address: 4702 SW 23RD ST.
City-St-Zip: HOLLYWOOD, FL 33023

Title: MR. (X) Change ( ) Addition
Name: GARNER, DONALD
Address: 822 ESSEX DR.
City-St-Zip: TALLAHASSEE, FL 32304

Title: MR ( ) Change (X) Addition
Name: STONEY, LEO
Address: 4630 SW 24 ST
City-St-Zip: WEST PARK, FL 33023

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: SHEVRIN JONES MR. 06/10/2008

Electronic Signature of Signing Officer or Director — Date