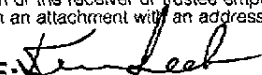


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000020171 1. Entity Name KENNETH LEEB INC.					
Principal Place of Business 11700 W INDIAN CIRCLE CRYSTAL RIVER FL 34428				Mailing Address 11700 W INDIAN CIRCLE CRYSTAL RIVER FL 34428	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/05) 4. FEI Number 59-3613504 Applied For Not Applicable	
City & State		City & State			
Zip Country		Zip Country			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LEE, KENNETH 11700 W. INDIAN CIRCLE CRYSTAL RIVER FL 34428				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-instating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, KENNETH 11700 W. INDIAN CIRCLE CRYSTAL RIVER FL 34428	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE, KENNETH 11700 W. INDIAN CIRCLE CRYSTAL RIVER FL 34428	☐ Delete		☐ Change ☐ Add	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE, KENNETH 11700 W. INDIAN CIRCLE CRYSTAL RIVER FL 34428	☐ Delete		☐ Change ☐ Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:  KENNETH LEEB				Date 4/9/06 352-634-4996	