

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092233

FILED
Apr 12, 2005
Secretary of State

Entity Name: JAMES LESLIE DESIGN ASSOCIATES CORP.

Current Principal Place of Business:

330 PALMETTO POINT
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

330 PALMETTO POINT
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESLIE, JAMES
330 PALMETTO POINT
VERO BEACH, FL 32963 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LESLIE, JAMES
Address: 330 PALMETTO POINT JOHN'S ISLAND
City-St-Zip: VERO BEACH, FL 32963

Title: S () Delete
Name: LESLIE, LEILA
Address: 70 PAGET COURT, JOHN'S ISLAND
City-St-Zip: VERO BEACH, FL 32963

Title: VP () Delete
Name: LESLIE, LINDA
Address: 1038 GALISTEO STREET
City-St-Zip: SANTA FE, NM 87501

Title: VP () Delete
Name: LESLIE MITCHELL, TUCKER
Address: 42 TOOKER AVENUE
City-St-Zip: OYSTER BAY, NY 11771

Title: VP () Delete
Name: LESLIE PEZZO, CHARLOTTE
Address: 2729 NW 28 STREET
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES LESLIE

P

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date