

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000109214

FILED
Sep 30, 2005
Secretary of State

Entity Name: CAROL LEONARD REALTY, INC.

Current Principal Place of Business:222 LAKEVIEW AVENUE SUITE 260
WEST PALM BEACH, FL 33401**New Principal Place of Business:****Current Mailing Address:**222 LAKEVIEW AVENUE SUITE 260
WEST PALM BEACH, FL 33401**New Mailing Address:**

FEI Number: 81-0566794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LARRY M. MESCHES, P.A.
222 LAKEVIEW AVENUE SUITE 260
WEST PALM BEACH, FL 33401 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 (X) Delete
Name: LEONARD, CAROL
Address: 1998 S.W. AGNES STREET
City-St-Zip: PORT ST. LUCIE, FL 349531701Title: VP () Delete
Name: RICHARDSON, BARTON P
Address: 1998 SW AGNES STREET
City-St-Zip: PORT ST. LUCIE, FL 34953**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: P (X) Change () Addition
Name: RICHARDSON, BARTON P
Address: 1998 SW AGNES STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

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: BARTON P. RICHARSON

P

09/30/2005

Electronic Signature of Signing Officer or Director_____
Date