

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036803

Entity Name: LEONARD GRAHAM, INC.

FILED  
May 14, 2007  
Secretary of State

**Current Principal Place of Business:**

3360 SPANISH MOSS TERR  
APT 201  
FORT LAUDERDALE, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

3360 SPANISH MOSS TERR  
APT 201  
FORT LAUDERDALE, FL 33319

**New Mailing Address:**

FEI Number: 65-1093788      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAHAM, LEONARD  
3360 SPANISH MOSS TERR  
FORT LAUDERDALE, FL 33319      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: GRAHAM, LEONARD  
Address: 3360 SPANISH MOSS TERR APT 201  
City-St-Zip: LAUDERALE LAKES, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD GRAHAM

PTSD

05/14/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date