2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# P01000075765

Entity Name: LEO FARMS, INC.

Current Principal Place of Business:

12860 55 RD NORTH
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

412 W. NOBLE AVE.
#6
WILLISTON, FL 32696

Current Mailing Address:

12860 55 RD NORTH
ROYAL PALM BEACH, FL 33411

New Mailing Address:

412 W. NOBLE AVE.
#6
WILLISTON, FL 32696

FEI Number: 90-0008644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWRENCE, L. LYNN ESQ
12860 55 RD NORTH
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

LAWRENCE, L. LYNN ESQ
412 W. NOBLE AVE.
#6
WILLISTON, FL 32696 US

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: L. LYNN LAWRENCE 04/17/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPV ( ) Delete
Name: OGLE, EARL R
Address: 12860 55 RD NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DST ( ) Delete
Name: LAWRENCE OGLE, L. LYNN
Address: 12860 55 RD NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change ( ) Addition
Name: OGLE, EARL R
Address: 412 W. NOBLE AVE., #6
City-St-Zip: WILLISTON, FL 32696

Title: DST (X) Change ( ) Addition
Name: LAWRENCE OGLE, L. LYNN
Address: 412 W. NOBLE AVE. #6
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the 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: L. LYNN LAWRENCE S 04/17/2006
Electronic Signature of Signing Officer or Director Date