


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90296 045 \*\*\*150.00

<b>DOCUMENT # P01000105846</b> 1. Entity Name <b>LEONI BRANDS INTERNATIONAL, INC.</b>					
Principal Place of Business <b>14426 MIDDLE FAIRWAY DR BROOKSVILLE, FL 34609</b>			Mailing Address <b>14426 MIDDLE FAIRWAY DR BROOKSVILLE, FL 34609</b>		
2. Principal Place of Business <b>4115 LAMSON AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4115 LAMSON AVENUE</b> Suite, Apt. #, etc.			
City & State <b>SPRING HILL, FL</b>		City & State <b>SPRING HILL, FL</b>		4. FEI Number <b>59-3754621</b>	
Zip <b>34608</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEONI, FRED 14426 MIDDLE FAIRWAY DR. BROOKSVILLE, FL 34609</b>				7. Name and Address of New Registered Agent Name: <b>LEONI, FRED E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4115 LAMSON AVENUE</b> City: <b>SPRING HILL</b> <b>FL</b> Zip Code: <b>34608</b>	
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: <i>X [Signature]</i> <span style="float: right;">3/26/05 DATE</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT LEONI, FRED E 14426 MIDDLE FAIRWAY DR BROOKSVILLE, FL 34609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T LEONI, FRED E. 4115 LAMSON AVENUE SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>X [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>FRED E. LEONI</b> <span style="float: right;">3/26/05 DATE</span>		