


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 NOV -9 PM 4: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031328 1. Entity Name LEONARD ADLER HOLDINGS, INC.					
Principal Place of Business 12525 ORANGE DR. #706 DAVIE, FL 33330			Mailing Address 12525 ORANGE DR. #706 DAVIE, FL 33330		
2. Principal Place of Business 8211 W. BROWARD BLVD Suite, Apt. #, etc. SFE 375		3. Mailing Address 8211 W. BROWARD BLVD Suite, Apt. #, etc. SFE 375			
City & State PLANTATION FL		City & State PLANTATION FL		4. FEI Number 01-0652523	
Zip 33324		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSS, ILLENE S 12525 ORANGE DR. #706 DAVIE, FL 33330			7. Name and Address of New Registered Agent Name TODD W KLISTON Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD SFE 375 City PLANTATION FL Zip Code 33324		
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 <u><i>Todd W Klison</i></u> 11/5/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, LEONARD 12525 ORANGE DR., #706 DAVIE, FL 33330 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S TODD W KLISTON 8211 W. BROWARD BLVD #375 PLANTATION FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, MILLICENT E 10871 NW 3RD COURT PEMBROKE PINES, FL 33026 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEIERSTADT, BERNICE 1300 ST. CHARLES PLACE, APT. #417 PEMBROKE PINES, FL 33026 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(i), 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: <u><i>Todd W Klison</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/5/05 954-413-4902 <small>Date Daytime Phone #</small>		

MW