

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000031847

1. Entity Name

THE LEAK DETECTIVE, INC.



**FILED
Apr 11, 2006 8:00 am
Secretary of State**

04-11-2006 90111 028 ***150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business
PO BOX 121787
CLERMONT FL 34712

Mailing Address
PO BOX 121787
CLERMONT FL 34712

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Country

4. FEI Number
01-0662554

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KATHLEEN POINSETTE
1485 BRANTLEY CIRCLE
CLERMONT FL 34711**

7. Name and Address of New Registered Agent
Name **KATHLEEN POINSETTE**
Street Address (P.O. Box Number is Not Acceptable)
1985 BRANTLEY CIRCLE
City **CLERMONT** Zip Code **FL 34711**

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 *Kathleen A. Poinsette* KATHLEEN A. POINSETTE V.P. DATE *3-30-06*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	P POINSETTE, PHILIP J 1985 BRANTLEY CIRCLE CLERMONT FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Kathleen A. Poinsette* KATHLEEN A. POINSETTE Date *3/30/06 (352)536-9300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #