2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031847

City-St-Zip:

FILED Jan 16, 2009 Secretary of State

Entity Name: THE LEAK DETECTIVE, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 121787 P.O. BOX 121787 CLERMONT, FL 34712 CLERMONT, FL 34712 **Current Mailing Address: New Mailing Address:** PO BOX 121787 CLERMONT, FL 34712 FEI Number: 01-0662554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POINSETTE, KATHLEEN POINSETTE, KATHLEEN A V 1985 BRANTLEY CIR 1985 BRANTLEY CIR US CLERMONT, FL 34711 CLERMONT, FL 34711 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: KATHLEEN A. POINSETTE 01/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition POINSETTE, PHILIP J Name: Name: 1985 BRANTLEY CIRCLE Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: Title: () Change () Addition () Delete Name: POINSETTE, KATHLEEN A Name: 1985 BRANTLEY CIRCLE Address: Address: CLERMONT, FL 34711

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: KATHLEEN A. POINSETTE 01/16/2009 ٧