## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 30, 2007 08:00 All Secretary of State DOCUMENT # P02000037872 1. Entity Name LEN IS HANDY, INC. Principal Place of Business Mailing Address 10967 NW 80TH MANOR 10967 NW 80TH MANOR PARKLAND, FL 33076 PARKLAND, FL 33076 No Chg-P CR2E034 (11/05) 01292007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3047802 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEEDELMAN, LEONARD DO NOT WRITE 10967 NW 80TH MANOR PARKLAND, FL 33076 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PSD TITLE NAME NEEDELMAN, LEONARD H STREET ADDRESS 10967 NW 80TH MANOR CITY-ST-ZIP PARKLAND, FL 33076 TITLE NEEDELMAN, LESLEY L NAME STREET ADDRESS 10967 NW 80TH MANOR CITY-ST-ZIP PARKLAND, FL 33076 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #