2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041670

FILED Mar 01, 2006 Secretary of State

Entity Na	ame: LEIENDE	CKER & WILENIUS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1411 SE 4 CAPE CC	47TH ST., #09 DRAL, FL 3390	4			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
14950 LAGUNA DR. FORT MYERS, FL 33908			8843 TROPICAL CT. FORT MYERS, FL 335	8843 TROPICAL CT. FORT MYERS, FL 33908	
FEI Numbe	er: 01-0737036	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
4427 SE SUITE C	, CHRISTINE F 16TH PLACE #	2			
	DRAL, FL 3390				
	e named entity te of Florida.	submits this statement for the	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATL	JRE:				
	Electron	nic Signature of Registered Ag	ent	Date	
Election Ca	ampaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	D (LEIENDECKEF) Delete R, GUIDO	Title: D Name: LEIENDECK	(X) Change () Addition ER, GUIDO	

14950 LAGUNA DR. Address: 8843 TROPICAL CT. Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908 Title: () Delete Title: () Change () Addition WILENIUS, YVONNE Name: Name: Address: 215 S.W. 45TH TERRACE Address: CAPE CORAL, FL 33914 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: LEIENDECKER, RUTH Name: LEIENDECKER, RUTH Address: 14950 LAGUNA DR Address: 8843 TROPICAL CT. City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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: LEIENDECKER, RUTH O 03/01/2006