2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043114

Entity Name: LEADER MORTGAGE SERVICES, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4699 N. STATE RD 7
J-2
TAMARAC, FL 33319

1089 SUNSET STRIP
SUNRISE, FL 33313

Current Mailing Address: New Mailing Address:

4699 N STATE RD 7

J-2

TAMARAC, FL 33319

1089 SUNSET STRIP
SUNRISE, FL 33313

FEI Number: 04-3663677 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:

MCLEOD, JOMA
4699 N STATE RD 7
J-2
TAMARAC, FL 33319 US

MCLEOD, JOMA
1089 SUNSET STRIP
SUNRISE, FL 33313 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: JOMA MCLEOD 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

in the State of Florida.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SP () Delete Title: SP (X) Change () Addition

 Name:
 MCLEOD, JOMA
 Name:
 MCLEOD, JOMA

 Address:
 4699 N STATE RD 7
 Address:
 1089 SUNSET STRIP

 City-St-Zip:
 TAMARAC, FL 33319
 City-St-Zip:
 SUNRISE, FL 33313

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: JOMA MCLEOD SP 04/30/2009