2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P02000051019

Entity Name: THE LEONE FAMILY GROUP, INC.

Current Principal Place of Business:

4509 D FIG ST
D
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4509 D FIG ST
TAMPA, FL 33609

New Mailing Address:

FEI Number: 01-0711710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONE, SALVATORE
4509 D FIG ST
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LEONE, SALVATORE
Address: 4509 D FIG ST
City-St-Zip: TAMPA, FL 33609

Title: DV ( ) Delete
Name: JEANETTE, SALVATORE
Address: 4509 D FIG ST
City-St-Zip: TAMPA, FL 33609

Title: DS ( ) Delete
Name: MESSINA, PATRIZIA M
Address: 412 1/2 ERIE AVE
City-St-Zip: TAMPA, FL 33609

Title: V ( ) Delete
Name: LEONE, ANTHONY
Address: 4509 D FIG ST
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: MESSINA, PATRIZIA M
Address: 3415 WEST MCKAY AVENUE
City-St-Zip: TAMPA, FL 33609

Title: ( ) Change ( ) Addition
Name:
Address:
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: SALVATORE LEONE DP 05/01/2007

Electronic Signature of Signing Officer or Director Date