2005 FOR PROFIT CORPORATION

FILED Feb 10, 2005 8:00 am Secretary of State 02-10-2005 90049 003 ***150.00 40010340 02012005 CR2E034 (10/03) Applied For 33-1036605 Not Applicable \$8.75 Additional Fee Required LORD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition ☐ Addition ☐ Addition Change ☐ Change ☐ Addition

ANNUAL REPORT **DOCUMENT # P03000002220** LEIGH & ALBERT, INC. Principal Place of Business Mailing Address 4261 W MCNAB RD, #29 4261 W MCNAB RD, #29 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 5557 PACIFIC BLVD. #3906 5557 PACIFIC BLVD, #3906 BOCA RATION, FLORIDA 4. FEI Number Country A 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAN LORD, DEAN Street Address (P.O. Box Number is Not Acceptable) 4261 W MCNAB RD, #29 POMPANO BEACH, FL 33069 18400 SW 267#St 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. D TITLE TITLE ☐ Delete LORD DEAN 18400 SWAGTEST. HOMESTERN FL. 3 NAME LORD, DEAN NAME STREE1 ADDRESS 4261 W MCNAB RD, #29 STREET ADDRESS POMPANO BEACH, FL 33069 CITY-ST-ZIP D TITLE ☐ Delete TITLE LORD. WILLIAM LORD, WILLIAM NAME NAME 5557 PACIFIC BLVD, A STREET ADDRESS 4261 W MCNAB RD, #29 STREET ADDRESS POMPANO BEACH, FL 33069 CITY-ST-ZIP CITY-ST-7IP ☐ Detere TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officer like pripowered.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

NING OFFICER OR DIRECTOR