2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P03000002220 1. Entity Name 04-25-2007 90185 045 ***150.00 LEIGH & ALBERT, INC. Principal Place of Business Mailing Address 5557 PACIFIC BLVD 5557 PACIFIC BLVD #3906 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 33-1036605 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name L'ORD, DEAN Street Address (P.O. Box Number is Not Acceptable) 18400 SW 267TH ST HOMESTEAD FL 33031 City Zip Code 8. The above grampd 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. 04/16/07 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ח HE Delete ☑ Change ☐ Addition THE SSYI N. WINSTON PARK BLUD #307 LORD, DEAN NAME 18400 SW 26TH ST STREET ADDRESS STREET ADDRESS COCONUT CREEK FL33073 HOMESTEAD FL 33031 CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change Addition LORD, WILLIAM MAME NAME 5557 PACIFIC BLVD #3906 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Defete THUE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete 100. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY - ST - ZIP ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY ST-ZIP TITLE Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNING OFFICER OR DIRECTOR

FILED