2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# P03000011275

Entity Name: LEISURE SOLUTIONS INC.

Current Principal Place of Business:

3690 SOUTH EAST 115TH ST
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

3690 SOUTH EAST 115TH ST
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 51-0445544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAPHAEL, JACQUES
3690 SOUTH EAST 115TH ST
BELLEVIEW, FL 34420 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAPHAEL, JACQUES
Address: 3690 SOUTH EAST 115TH ST
City-St-Zip: BELLEVIEW, FL 34420

Title: VP (X) Delete
Name: DEIRDRE, RAPHAEL
Address: 3690 SOUTH EAST 115TH ST
City-St-Zip: BELLEVIEW, FL 34420

Title: D ( ) Delete
Name: RAPHAEL, YVETTE
Address: 8105 ALCOA DR
City-St-Zip: FT. WASHINGTON, MD 20744

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DIR ( ) Change (X) Addition
Name: RIVERA, MARILYN
Address: 13940 US HWY 441, STE 905
City-St-Zip: LADY LAKE, FL 32159

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACQUES RAPHAEL P 05/01/2005

Electronic Signature of Signing Officer or Director — Date