

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012651

Entity Name: LEEDOM CAPITAL CORP.

FILED
Jun 21, 2006
Secretary of State

Current Principal Place of Business:

8490 NORTH TAMIAMI TRAIL
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

PO BOX 25597
SARASOTA, FL 34277

New Mailing Address:

8490 NORTH TAMIAMI TRAIL
SARASOTA, FL 34243

FEI Number: 05-0551947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEEDOM, CHRISTOPHER M
8490 NORTH TAMIAMI TRAIL
SARASOTA, FL 34243 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: P () Delete
Name: LEEDOM, CHRISTOPHER M
Address: 1030 BAHIA VISTA COURT
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEEDOM, CHRISTOPHER M
Address: 7922 EDMONSTON CIRCLE
City-St-Zip: UNIVERSITY PARK, FL 34201

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER M LEEDOM

PRES

06/21/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date