

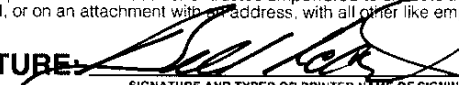


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90121 046 ***150.00

DOCUMENT # P03000031678 1. Entity Name GOLD LEAF SYSTEMS, INC.					
Principal Place of Business 1840 FAIRBANKS ST LAKELAND, FL 33805				Mailing Address 1840 FAIRBANKS ST LAKELAND, FL 33805	
2. Principal Place of Business 1303 ROBINHOOD LN, N		3. Mailing Address 1303 ROBINHOOD LN, N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKELAND FL		City & State LAKELAND FL			
Zip 33813	Country USA	Zip 33813	Country USA		
4. FEI Number 81-0611150				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent READ, BILL 1840 FAIRBANKS ST LAKELAND, FL 33805				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P READ, BILL 1303 ROBINHOOD LN, N. LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JR., JEFF 1205 HATTERAS CIR. PALM BEACH, FL 33413	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTON, DAVID DR. 339 LK SHORE CT. POLK CITY, FL 33860	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSEC JOHNS, CYNTHIA 4325 HOMEWOOD LN LAKELAND, FL 33811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, SR., JEFF 10121 CALUMET LN LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 other like empowered.					
SIGNATURE 		BILL READ		4-29-05	863-640-3636
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

Gold Leaf Systems, Inc.
1303 Robinhood Lane, North
Lakeland, FL 33813

40080905
P03000031678

Bill Read
1303 Robinhood Lane, North
Lakeland, FL 33813 P/D

Jeff Lee, Jr.
1205 Hatteras Circle
Palm Beach, FL 33413 D

Goldston, David
339 Lake Shore Court
Polk City, FL 33860 D

Cynthia Johns
4325 Homewood Lane
Lakeland, FL 33811 S/D/C

Jeff Lee, Sr.
18987 Point Drive
Jupiter, FL 33469 D