


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000043158</b> 1. Entity Name LEAFE CUSTOM POOLS, INC. 
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Principal Place of Business 1408 N. KILLIAN DRIVE STE 109 LAKE PARK, FL 33403	Mailing Address 1408 N. KILLIAN DRIVE STE 109 LAKE PARK, FL 33403
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01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2342614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LEAFE, KENNETH W 6478 WINDING LAKE DR. JUPITER, FL 33458
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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>	1000000379464 01/10/06 00022-016 150.00 DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEAFE, KENNETH W 6478 WINDING LAKE DR. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEAFE, JASON K 145 ARROWHEAD CR. JUPITER, FL 33458
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>  <b>KENNETH LEAFE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/4/06 (561) 296-1200 Date Daytime Phone #
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