2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045615

City-St-Zip:

VENICE, FL 34293

FILED Jan 12, 2005 Secretary of State

| Entity Nar | ne: LEADER | CHIP, INC. | | | | |
|--|--|--------------|------------------------|---|--|--|
| Current Principal Place of Business: | | | | New Principal Pla | New Principal Place of Business: | |
| 744 EAST VENICE, F | VENICE AVE L 34285 | | | | | |
| Current Mailing Address: | | | | New Mailing Add | New Mailing Address: | |
| P.O. BOX YENICE, F | | | | | | |
| FEI Number: | 65-0441676 | FEI Numb | er Applied For() | FEI Number Not Applicable (| Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Addres | Name and Address of New Registered Agent: | |
| JOSEPH K. NOFIL, P.A. 3284 NORTH STATE RD. 7 LAUDERDALE LAKES, FL 33319 US | | | | 901 VENETIA BAY SUITE 257 | EATON HONICK PELLEGRINO & MCFARLAND 901 VENETIA BAY BOULEVARD SUITE 257 VENICE, FL 34285 US | |
| The above in the State | | submits this | s statement for the pu | rpose of changing its regist | tered office or registered agent, or both, | |
| SIGNATURE: HAROLD D. MCFARLAND | | | | | 01/12/2005 | |
| | Electro | nic Signatur | e of Registered Agen | t | Date | |
| Election Can | npaign Financir | g Trust Fund | Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHA | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (BALLEW, TRO 427 BELMONT VENICE, FL 3 | AVE. | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD (BALLEW, CAR 427 BELMONT VENICE, FL 3 | AVE. | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: | TD (STEWART, PH 430 APPIAN W | | | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: CARRIE L. BALLEW VD 01/12/2005