2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P03000058526

Entity Name: LEAPS & BOUNDS PEDIATRIC THERAPY, INC.

Current Principal Place of Business:

2530 SW 27TH AVENUE
OCALA, FL 34474

New Principal Place of Business:

3301 SW 34TH CIRCLE
SUITE 202
OCALA, FL 34474

Current Mailing Address:

16110 NW HIGHWAY 225
REDDICK, FL 326862634

New Mailing Address:

FEI Number: 06-1695268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'NEAL, JENNIFER B
16110 NW HIGHWAY 225
REDDICK, FL 326862634 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/ST ( ) Delete
Name: O'NEAL, JENNIFER
Address: 16110 NW HIGHWAY 225
City-St-Zip: REDDICK, FL 326862634

Title: D ( ) Delete
Name: O'NEAL, SEAN E
Address: 16110 NW HIGHWAY 225
City-St-Zip: REDDICK, FL 326862634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JENNIFER B. O'NEAL P/ST 04/29/2005
Electronic Signature of Signing Officer or Director — Date