2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000064302

Entity Name

EXECUTIVE LEADERSHIP SOLUTIONS, INC.



Principal Place of Business

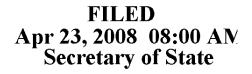
12331 TOWNE LAKE DR.

SUITE 11 FT MYERS, FL 33913 Mailing Address

12331 TOWNE LAKE DR.

SUITE 11

FT MYERS, FL 33913





DO NOT WRITE IN THIS SPACE

04132008 No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2382280

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

239 a26 o36/ x 20

6. Name and Address of Current Registered Agent

WRIGHT, BRIAN H 12331 TOWNE LAKE DR. SUITE 11 FT MYERS, FL 33913

SIGNATURE:

SIGNATURE AND PINED

DO NOT WRITE IN THIS SPACE

| the obligations of registered agent. | | | | | |
|---|--|--|-----------|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable. | | | | re required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution. | | | ncing | \$5.00 May Be Added to Fees | 000000917239 05/13/08-80034-009 150.00 |
| 10. | OFFICERS AND DIRECTORS | | | | the transfer of the second to |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WRIGHT, BRIAN H 12941 PARKLINE DRIVE FORT MYERS, FL 33913 | · | | ٠. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WRIGHT, KAY D 12941 PARKLINE DRIVE FORT MYERS, FL 33913 | | | | The second secon |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IN: | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | No go.; N € 2 - 24 - 24 so | na ili | The state of the s | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | The second secon | en e | A = 1 L . | The number of specific to the control of the contro | Applications of the second |
| 12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all-other like empowered. | | | | | |

OF SIGNING OFFICER OR DIRECTOR