

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90095 045 \*\*\*150.00

<b>DOCUMENT # P03000085934</b>					
<b>1. Entity Name</b> <b>LEADS UNLIMITED, INC.</b>					
<b>Principal Place of Business</b> 9900 WEST SAMPLE ROAD STE 343 CORAL SPRINGS, FL 33065			<b>Mailing Address</b> PO BOX 8572 CORAL SPRINGS, FL 33075		
<b>2. Principal Place of Business</b> <i>Concourse Tower I Suite 1001</i> <small>Street, Apt. #, etc.</small> <i>2000 Palm Beach Lakes Blvd.</i> <small>City &amp; State</small> <i>West Palm Beach, FL</i> <small>Zip</small> <i>33409</i>		<b>3. Mailing Address</b> <i>Concourse Tower I Suite 1001</i> <small>Street, Apt. #, etc.</small> <i>2000 Palm Beach Lakes Blvd.</i> <small>City &amp; State</small> <i>West Palm Beach, FL</i> <small>Zip</small> <i>33409</i>			
<b>4. FEI Number</b> 26-0072582		03232006    Chg-P    CR2E034 (11/05)			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST LONGO, MARK A <input type="checkbox"/> Delete 9900 WEST SAMPLE ROAD STE 343 CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Longo, Mark A.</i> <i>2000 Palm Beach Lakes Blvd. #1001</i> <i>West Palm Beach, FL 33409</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MURPHY, PAUL P MGRM <input type="checkbox"/> Delete 9900 WEST SAMPLE ROAD STE 343 CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Murphy, Paul P.</i> <i>2000 Palm Beach Lakes Blvd. #1001</i> <i>West Palm Beach, FL 33409</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Paul P. Murphy (Paul P. Murphy)</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/15/06    561-687-7283 <small>Date    Daytime Phone #</small>		