## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000086531

Entity Name: LEADTOHIRE.COM, INC.

FILED Jan 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7326 NW 116TH LN 8127 NW 128TH LANE PARKLAND, FL 33076 PARKLAND, FL 33076

Current Mailing Address: New Mailing Address:

7326 NW 116TH LN 8127 NW 128TH LANE PARKLAND, FL 33076 PARKLAND, FL 33076

FEI Number: 20-0127680 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIERRA, RICHARD

11555 HERON BAY BLVD.

#200

CORAL SPRINGS, FL 33076 US

SIERRA, RICHARD

11555 HERON BAY BLVD

#200

PARKLAND, FL 33076 US

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

in the State of Florida.

City-St-Zip:

SIGNATURE: 01/17/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PTSD () Delete
 Title:
 PTSD (X) Change () Addition

 Name:
 LORI, WERNIKOFF
 Name:
 LORI, WERNIKOFF

 Address:
 7326 NW 116TH LN
 Address:
 8127 NW 128TH LANE

7326 NW 116TH LN Address: 8127 NW 128TH LANE
PARKLAND, FL 33076 City-St-Zip: PARKLAND, FL 33076

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SIERRA, RICHARD
 Name:

 Address:
 7326 NW 116 LN
 Address:

 City-St-Zip:
 PARKLAND, FL 33076
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LORI WERNIKOFF PTSD 01/17/2009