


2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90332 001 \*\*\*150.00

**DOCUMENT # P04000051451**

1. Entity Name  
**LEADMARKETING CORPORATION**



Principal Place of Business      Mailing Address

**1645 PALM BEACH LAKES BLVD  
 STE 420  
 WEST PALM BEACH, FL 33401**

**1645 PALM BEACH LAKES BLVD  
 STE 420  
 WEST PALM BEACH, FL 33401**

00010550



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04062006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**04-3790187**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FILINGS, INC.                  3732 N.W. 16TH STREET                  FT. LAUDERDALE, FL 33311-4132</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VSD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ODLE, RICHARD			NAME	DAPE, PALL		
STREET ADDRESS	784 US HWY ONE SUITE 16			STREET ADDRESS	1645 PALM BEACH LAKES BLVD STE 490		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408			CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE	D	<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MYERS, ANDREW			NAME	DICOSTANZO, JOSEPH		
STREET ADDRESS	784 US HWY ONE SUITE 16			STREET ADDRESS	1645 PALM BEACH LAKES BLVD STE 490		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408			CITY-ST-ZIP	WEST PALM BEACH FL 33401		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOTNICK, WILLIAM			NAME			
STREET ADDRESS	784 US HWY ONE SUITE 16			STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMONS, JASON			NAME			
STREET ADDRESS	784 US HWY ONE SUITE 16			STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: \_\_\_\_\_ Date: **4/10/06** Daytime Phone #: **561 242-2462**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR