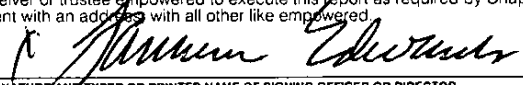


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

08-17-2005 90002 020 \*\*\*150.00

<b>DOCUMENT # P04000108143</b> 1. Entity Name <b>LEDCO CONSULTING INC</b>					
Principal Place of Business <b>3701 JACKSON AVENUE</b> <b>112</b> <b>HOLLYWOOD, FL 33021 US</b>			Mailing Address <b>3701 JACKSON AVENUE</b> <b>112</b> <b>HOLLYWOOD, FL 33021 US</b>		
2. Principal Place of Business <b>16565 NE 26 AVE</b>		3. Mailing Address <b>16565 NE 26 AVE</b>			
Suite, Apt. #, etc. <b>6E</b>		Suite, Apt. #, etc. <b>6E</b>			
City & State <b>N. Miami Beach</b>		City & State <b>N. Miami Beach</b>		4. FEI Number <b>201398703</b>	
Zip <b>33160</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EDWARDS, LAWRENCE</b> <b>3701 JACKSON AVENUE</b> <b>112</b> <b>HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <del>3701 JACKSON AVE</del> <b>16565 NE 26 AVE</b> City <b>N. Miami Beach</b> <b>FL</b> <b>33160</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.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>EDWARDS, LAWRENCE</b> <b>3701 JACKSON AVENUE 112</b> <b>HOLLYWOOD, FL 33021</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <del>3701 JACKSON AVE</del> <b>16565 NE 26 AVE</b> <b>N. Miami Beach FL 33160</b>	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>08.09.05</b> Daytime Phone #: <b>9542436368</b>		