


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90319 003 ***150.00

DOCUMENT # P04000152663					
1. Entity Name HADRIAN LEISURE, INC.					
Principal Place of Business 111 E PARK AVENUE LAKE PLACID, FL 33852			Mailing Address 111 E PARK AVENUE LAKE PLACID, FL 33852		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 37-1501700	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NIELANDER, WILLIAM J 172 E. INTERLAKE BLVD. LAKE PLACID, FL 33852			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEATHERS, WILLIAM	NAME	Leathers, William		
STREET ADDRESS	172 E. INTERLAKE BLVD.	STREET ADDRESS	172 E. Interlake Blvd.		
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	Lake Placid, FL 33852		
TITLE	D <input type="checkbox"/> Delete	TITLE	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOUGHTON, GARY	NAME	Houghton, Gary		
STREET ADDRESS	172 E. INTERLAKE BLVD.	STREET ADDRESS	172 E. Interlake Blvd.		
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	Lake Placid, FL 33852		
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			
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 exemption stated in Section 119.07(3)(f), 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: <i>William Leathers</i>		Signature and typed or printed name of signing officer or director		Date: 3/8/05 Daytime Phone #: 863 465 2835	

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