

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163725

Entity Name: LEAP FROG AIRLINES, INC.

FILED
Apr 16, 2006
Secretary of State

Current Principal Place of Business:

855 NORTH ST. JOHNS BLUFF ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

855 NORTH ST. JOHNS BLUFF ROAD
#21
JACKSONVILLE, FL 32225

Current Mailing Address:

855 NORTH ST. JOHNS BLUFF ROAD
JACKSONVILLE, FL 32225

New Mailing Address:

855 NORTH ST. JOHNS BLUFF ROAD
#21
JACKSONVILLE, FL 32225

FEI Number: 20-2442721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONE, MELINDA H
855 NORTH ST. JOHNS BLUFF ROAD
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MALONE, MELINDA H
Address: 855 NORTH ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: MALONE, SCOTT H
Address: 855 NORTH ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: MALONE, HAYDEN A
Address: 855 NORTH ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: MALONE, IRENE A
Address: 855 NORTH ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: IRENE A. MALONE

SECR

04/16/2006

Electronic Signature of Signing Officer or Director

Date