


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90163 035 ***150.00

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| DOCUMENT # P05000029287 |  |
| 1. Entity Name LIFE LEADERS, INC. | |

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| Principal Place of Business 11641 KEW GARDENS AVENUE #111 PALM BEACH GARDENS, FL 33410 US | Mailing Address 11641 KEW GARDENS AVENUE #111 PALM BEACH GARDENS, FL 33410 US |
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| 2. Principal Place of Business 2101 NW CORPORATE BLVD. SUITE 220 BOCA RATON, FL 33431 USA | 3. Mailing Address 2101 NW CORPORATE BLVD. SUITE 220 BOCA RATON, FL 33431 USA |
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04252006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-2984828 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent STEVEN, WARM ESQUIRE 2101 NW CORPORATE BLVD. SUITE 215 BOCA RATON, FL 33431 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STAMM, BRADFORD H 11641 KEW GARDENS AVENUE, #111 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STAMM, BRADFORD H. 2101 NW CORPORATE BLVD, STE 220 BOCA RATON, FL 33431 <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 |
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| 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 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:  **BRADFORD H. STAMM** **4/25/06** **561-369-6666**
Date Daytime Phone #