2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P05000034509

Entity Name: LEISURE QUEST ASSOCIATES, INC.

Current Principal Place of Business:

8429 BONITA ISLE DRIVE
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

8429 BONITA ISLE DRIVE
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 20-2458254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ID-DEEN, SULUKI
8429 BONITA ISLE DRIVE
LAKE WORTH, FL 33467 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: P ( ) Delete
Name: ID-DEEN, SULUKI
Address: 8429 BONITA ISLE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete
Name: ROBINSON, JASON
Address: 430 NW 6TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33462 US

Title: SEC ( ) Delete
Name: CHRISTIE, BEVON
Address: 705 SW 107TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: D ( ) Delete
Name: POWELL, ENEZ
Address: 360 SHERWOOD FOREST DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D ( ) Delete
Name: KENNARD, CLEVELAND
Address: 8429 BONITA ISLE DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: D ( ) Delete
Name: JONES, DANIEL
Address: 2305 PRIMROSE VALLEY CT
City-St-Zip: RALEIGH, NC 27613

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:

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 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: SULUKI IDDEEN PRES 04/30/2007

Electronic Signature of Signing Officer or Director Date