

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047584

Entity Name: LEO RISK SERVICES, INC.

FILED  
Jan 31, 2007  
Secretary of State

## Current Principal Place of Business:

121 PHILLIPS WAY  
PALM HARBOR, FL 34683

## New Principal Place of Business:

## Current Mailing Address:

121 PHILLIPS WAY  
PALM HARBOR, FL 34683

## New Mailing Address:

FEI Number: 20-2596508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BURKEY, JULIE  
1661 SANDSPUR RD  
MAITLAND, FL 32751 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: DPT ( ) Delete  
Name: LEO, PATRICK  
Address: 121 PHILLIPS WAY  
City-St-Zip: PALM HARBOR, FL 34683

Title: V ( ) Delete  
Name: BURKEY, GARY  
Address: 1661 SANDSPUR RD  
City-St-Zip: MAITLAND, FL 32751

Title: S ( ) Delete  
Name: BURKEY, JULIE  
Address: 1661 SANDSPUR RD  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition  
Name: BURKEY, GARY  
Address: 1661 SANDSPUR RD  
City-St-Zip: MAITLAND, FL 32751

Title: DSV (X) Change ( ) Addition  
Name: BURKEY, JULIE  
Address: 1661 SANDSPUR RD  
City-St-Zip: MAITLAND, FL 32751

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: JULIE M BURKEY

VP

01/31/2007

Electronic Signature of Signing Officer or Director

Date