

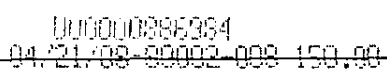


FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000048380 1. Entity Name LEIKAM REPORTING SERVICES, INC.			
Principal Place of Business 8760 KING LEAR COURT FORT MYERS, FL 33908 US		Mailing Address P O BOX 61743 FORT MYERS, FL 33906-1743 US	
DO NOT WRITE IN THIS SPACE			
		01062008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 34-2043308	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
LEIKAM, GAYLE A 8760 KING LEAR COURT FORT MYERS, FL 33908		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when terminating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			
TITLE	P		
NAME	LEIKAM, GAYLE A		
STREET ADDRESS	8760 KING LEAR COURT		
CITY-ST-ZIP	FORT MYERS, FL 33908		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <u>Gayle A. Leikam</u> <u>Gayle A. Leikam</u>		239-768-0500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	