

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091592

FILED
Apr 24, 2006
Secretary of State

Entity Name: CONTINENTAL LEISURE SERVICES, INC.

Current Principal Place of Business:

1324 SEVEN SPRINGS BLVD #130
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1324 SEVEN SPRINGS BLVD #130
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUARDT, J. MATTHEW ESQ
625 COURT STREET STE 200
CLEARWATER, FL 33756 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: ADAMS, JOE
Address: 1324 SEVEN SPRINGS BLVD #130
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: LAESSIG, RON
Address: 1324 SEVEN SPRINGS BLVD #130
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: WILLIS, GLENN
Address: 1324 SEVEN SPRINGS BLVD #130
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: MCLANE, BRIAN
Address: 1324 SEVEN SPRINGS BLVD #130
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: SAVARY, MIKE
Address: 1324 SEVEN SPRINGS BLVD #130
City-St-Zip: NEW PORT RICHEY, FL 34655

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:

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: BRIAN MCLANE

D

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date