

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000117490

Entity Name: LEADER ENTERPRISES, INC.

FILED
Mar 28, 2006
Secretary of State

Current Principal Place of Business:

29629 BIRDS EYE DRIVE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

10003 CYPRESS SHADOW AVE
TAMPA, FL 33647

Current Mailing Address:

29629 BIRDS EYE DRIVE
WESLEY CHAPEL, FL 33543

New Mailing Address:

10003 CYPRESS SHADOW AVE
TAMPA, FL 33647

FEI Number: 20-3348274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAUWS, DARREN J
29629 BIRDS EYE DRIVE
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

CLAUWS, DARREN J
10003 CYPRESS SHADOW AVE
TAMPA, FL 33647 US

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: DARREN J. CLAUWS

03/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CLAUWS, DARREN J
Address: 29629 BIRDS EYE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CLAUWS, DARREN J
Address: 10003 CYPRESS SHADOW AVE
City-St-Zip: TAMPA, FL 33647

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: DARREN J. CLAUWS

PSD

03/28/2006

Electronic Signature of Signing Officer or Director

Date