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Secretary of State
03-09-2006 90168 040 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000119042

1. Entity Name
LEADERSHIP ROUNDTABLE, INC.

50001785

Principal Place of Business	Mailing Address
4924 FIRST COAST HIGHWAY SUITE 11 AMELIA ISLAND, FL 32034	4924 FIRST COAST HIGHWAY SUITE 11 AMELIA ISLAND, FL 32034
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02082006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3404072 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~JACOBS, ARTHUR I~~
~~961687 GATEWAY BOULEVARD~~
~~SUITE 201-I~~
~~FERNANDINA BEACH, FL 32034~~

7. Name and Address of New Registered Agent
Name: Thomas J. Haas
Street Address (P.O. Box Number is Not Acceptable)
4924 First Coast Hwy, Ste 11
City: Amelia Island FL Zip Code 32034

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 [signature] 2/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAAS, THOMAS J		NAME	
STREET ADDRESS	4924 FIRST COAST HIGHWAY, STE 11		STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP	
TITLE	VP/S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAAS, JULIE		NAME	
STREET ADDRESS	4924 FIRST COAST HIGHWAY, STE 11		STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: [signature] 2/23/06 904-321-0751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #