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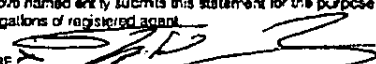
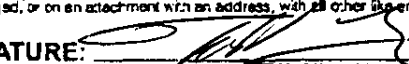
LEONARD LESK

7/11

FILED
Aug 02, 2006 8:00 am
Secretary of State

07-12-2006 90003 017 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000155492			
1. Entity Name LT FINANCIAL SERVICES, INC.			
Principal Place of Business 101 PLAZA REAL SOUTH STE 222 BOCA RATON, FL 33432		Mailing Address 101 PLAZA REAL SOUTH STE 222 BOCA RATON, FL 33432	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3833362		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LESK, LEONARD 7732 NW 78TH PLACE TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESK, LEONARD I 7732 NW 78TH PLACE TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESK, TODD 101 PLAZA REAL SOUTH - SUITE 222 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/25/06 Date Copy to Florida F	

66022567



02072008 Chg-P CR2ED34 (11/05)

ATTACHMENT

66022567

LT Financial Services, Inc.

101 Plaza Real South
Suite 222
Boca Raton, FL 33432
877-417-4222 (Toll Free)
561-417-4223 (Fax)

July 6, 2006

Florida Department of State
Division of Corporations - Reinstatement
PO Box 6327
Tallahassee, FL 32314-6327

Re: LT Financial Services, Inc. P05000155492 2006 Annual Report

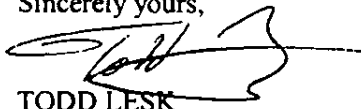
To Whom It May Concern:

We are in receipt of your "Notice of Intent to Dissolve" for the above entity. The original return in question was mailed to the Division of Corporations, PO Box 1500, Tallahassee Florida at the end of April 2006 along with a check for \$150.

Our accountant reconciles our bank account every three months. As such, he has not yet done so for the current quarter (April-June 2006). We were not aware that you did not receive the form and check. We have made an inquiry to our bank and they confirm that the check has not yet been cashed. Therefore, we are resubmitting the form and including a replacement check.

Please accept both and update your records accordingly.

Sincerely yours,



TODD LESK