2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P05000163096

ROBERT LEADBETTER, P.A.

Principal Place of Business

2440 MADISON STREET HOLLYWOOD, FL 33020 Mailing Address

2440 MADISON STREET HOLLYWOOD, FL 33020

FILED Apr 25, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) No Cha-P 04152008 Applied For 4. FEI Number

5. Certificate of Status Desired

20-3925793

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

LEADBETTER, ROBERT W 2440 MADISON STREET HOLLYWOOD, FL 33020

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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
Signature Typed or printipo name or registered agent and title if applicable (NOTE Hegistered Agent signature require						
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	000000923136 05/16/08-80015) -014_150.00
10.	OFFICERS AND DIREC	TORS				
TITLE	PRES					
NAME OWNER ADDRESS	LEADBETTER, ROBERT W		39			
STREET ADDRESS CITY-ST-ZIP	2440 MADISON STREET HOLLYWOOD, FL 33020					
	HOLETWOOD, PE 33020					
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME OF SIGNING OFFICER OR DIRECTOR