2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# P06000009767

Entity Name: LEADER PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

1919 STATE ROAD 7, #107
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

8056 SEVERN DR. UNIT C
BOCA RATON, FL 33433

New Mailing Address:

1919 STATE ROAD 7, #107
MARGATE, FL 33063

FEI Number: 20-4166716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COELHO, ELMAR D
8056 SEVERN DR. UNIT C
BOCA RATON, FL 33433 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JUREMA, FERREIRA
Address: 3000 NW 42 AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP ( ) Delete
Name: OTONI, EDMILSON
Address: 4613 NORTH UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP ( ) Delete
Name: HINES, MATTHEW
Address: 8202 WILES ROAD #133
City-St-Zip: CORAL SPRINGS, FL 33067

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: MOFFITT, JULIA
Address: 706 SOUTH LAKE DRIVE
City-St-Zip: LANTANA, FL 33462

I hereby certify that the information supplied with this filing does not qualify 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: MH VP 03/31/2008

Electronic Signature of Signing Officer or Director — Date