2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000055581

City-St-Zip:

PINELLAS PARK, FL 33782 US

FILED May 01, 2007 Secretary of State

Entity Name: ROBERT LEFFLER ENTERPRISE INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
9920 59TH PINNELLA	ST N S PARK, FL 33782	2 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	TO BAY BLVD TER, FL 33782	US	9920 59TH ST NORTH PINELLSPARK, FL 337	782 US	
FEI Number:	FE	I Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HARPER, BRUCE 2560 GULF TO BAY BLVD CLEARWATER, FL 33782 US				LEFFLER, ROBERT 9920 59TH ST. NORTH CLEARWATER, FL 33782 US	
The above in the State	named entity subn of Florida.	nits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ROBERT LEFFLER				05/01/2007	
	Electronic Si	ignature of Registered Age	nt	Date	
		o), F.S., the corporation did not st Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D () Dele LEFFLER, ROBERT 9920 59TH ST N PINELLAS PARK, FL		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S/T () Dele LEFFLER, ROBERT 9920 59TH ST N PINELLAS PARK, FL		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP/D () Dele LEFFLER, CATHY	te	Title: (Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ROBERT LEFFLER P/D 05/01/2007