


FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000056512			
1. Entity Name LEAP'S OF FUN INC.		Secretary of State	
Principal Place of Business 127 WILDWOOD DR SANFORD, FL 32773		Mailing Address 127 WILDWOOD DR SANFORD, FL 32773	
DO NOT WRITE IN THIS SPACE			
		01282008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-4783016	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent RENTON, CANDACE 127 WILDWOOD DR SANFORD, FL 32773		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RENTON, CANDACE 127 WILDWOOD DR SANFORD, FL 32773		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/08 401.574 113 Date Daytime Phone #	