## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					FILED				
DOCUMENT # P06000070329  1. Entity Name LEVELOADER INC				Apr 11, 2008 08:00 A Secretary of State				0 A ite	
132 TOMAH/ Unit D-1	AWK DR.	Asiling Address 1465 HWY A1A # 101							
INDIAN HARBOR BCH, FL 32937 SATELLITE BCH, FL 32937				01042008: No Chg-P: CR2E034 (11/05)					
D	ONOT WRITE!I	N.THIS SPA	<b>GE</b>	4. FEI Numb	per		Applied For		
				20-493 5. Certificate	of Status Desired		Not Applicable 8.75 Additional se Required		
r). Yezhañ ar ar 110.	6. Name and Address of Current Regi	stered Agent	24.3.35.35	*	Kamer as a	The state of the s			
1465 HWY # 101	LO, DOROTHY			No. 18 A. P.	NOT W THIS SP	<b>"快速"。</b>			
SIGNATURE_	ions of registered agent.  Signature, typed or printed name of registered agent and title	1	d Agent algrature required			DATE			
	E NOW!! FEE 18 \$150.00 ay 1, 2008 Fee will be \$550.00	Bection Campaign Finar     Trust Fund Contribution:		00 May Be ed to Fees	U000001 04/23/08	392723 30075-0	18 150.00		
10.	OFFICERS AND DIRE	CTORS	Section of the second	THE YOUR DESIGNATION OF	CONTRACTOR OF THE STATE OF THE	E48 02 104	THE RESERVE THE PARTY OF THE PA		
ITTLE: NAME STREET ADDRESS CITY-ST-ZIP	PST LEVITT, DAVID B 1465 HWY A1A SATELLITE BCH, FL 32937								
TITLE NAME STREET ADDRESS									
CITY-ST-ZIP TITLE NAME									
STREET ADDRESS STY-ST-ZIP				DO	NOT W	RITE			
ITLE IAME STREET ADORESS					THIS SP				
TITLE						A STATE OF THE STA			
STREET ADDRESS DITY-ST-ZIP			Selection of the select						
IAME Treet address									

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.

CITY-ST-ZIP

DAVID B. LEVITT 321-779-0443 CICNIATUDE.