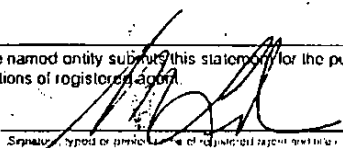
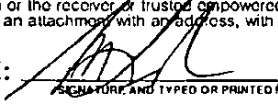


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

02-13-2007 90046 041 ***150.00

DOCUMENT # P06000071839					
1. Entity Name MARY LOU LEANDRO, INC.					
Principal Place of Business 8711 BLIND PASS ROAD 210A ST. PETE BEACH FL 33706			Mailing Address 8711 BLIND PASS ROAD 210A ST. PETE BEACH FL 33706		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4929786	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTER B. SHURDEN, P.L. 611 DRUID ROAD EAST 512 CLEARWATER FL 33756				7. Name and Address of New Registered Agent Name MARY LOU LEANDRO Street Address (P.O. Box Number is Not Acceptable) 8711 BLIND PASS RD UNIT 210A City ST. PETE BEACH FL Zip Code 33706	
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  MARY LOU LEANDRO PRESIDENT DATE 2/4/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	P.D. LEANDRO, MARY LOU	☐ Delete		NAME	☐ Change ☐ Addition
STREET ADDRESS	8711 BLIND PASS ROAD, APT. 210A			STREET ADDRESS	
CITY ST ZIP	ST. PETE BEACH FL 33706			CITY ST ZIP	
NAME		☐ Delete		NAME	☐ Change ☐ Addition
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	
NAME		☐ Delete		NAME	☐ Change ☐ Addition
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	
NAME		☐ Delete		NAME	☐ Change ☐ Addition
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	
NAME		☐ Delete		NAME	☐ Change ☐ Addition
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  MARY LOU LEANDRO DATE 2/4/07					