

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 24, 2008 8:00 am
Secretary of State**

03-24-2008 90053 046 ***150.00

DOCUMENT # P06000153214		
1. Entity Name LESKRA, INC.		

Principal Place of Business 1605 MAIN STREET SUITE 1001 SARASOTA, FL 34236	Mailing Address 1605 MAIN STREET SUITE 1001 SARASOTA, FL 34236
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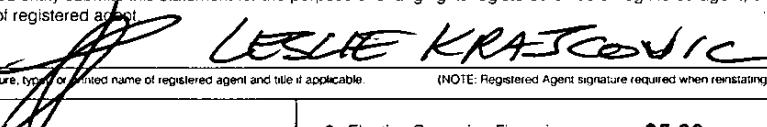
2. Principal Place of Business - No P.O. Box # 7693 ULIVA WAY	3. Mailing Address 7693 ULIVA WAY
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34238	Country SARASOTA
Zip 34238	Country SARASOTA

6. Name and Address of Current Registered Agent GOLDSMITH, STANLEY A 1605 MAIN STREET SUITE 1001 SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name LESLIE KRAJCOVIC Street Address (P.O. Box Number is Not Acceptable) 7693 ULIVA WAY City SARASOTA FL 34238
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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.

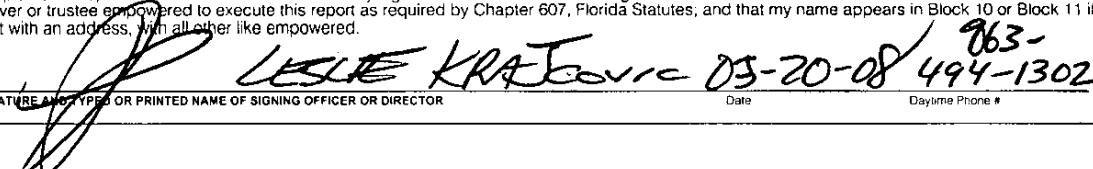
SIGNATURE  (NOTE: Registered Agent signature required when remitting)

03-20-08

Signature, type or printed name of registered agent and title if applicable	DATE
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KRAJCOVIC, LESLIE J 930 E GIBSON STREET ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KRAJCOVIC, LARISA 930 E GIBSON STREET ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #