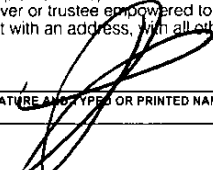


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box # 7693 ULIVA WAY Suite, Apt. #, etc.		3. Mailing Address 7693 ULIVA WAY Suite, Apt. #, etc.	
City & State SARASOTA, F		City & State SARASOTA, FL	
Zip 34238		Zip 34238	
Country SARASOTA		Country SARASOTA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 Zip Code 34238	
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 		DATE 03-20-08	
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 		DATE 03-20-08	
Signature, type or printed name of signing officer or director		Daytime Phone # 863-494-1302	