

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014924

Entity Name: 4 LEAF FINANCIAL, INC

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

2965 CLEARLAKE DRIVE
4
MELBOURNE, FL 32935

New Principal Place of Business:

4736 FOUR LAKES DRIVE
MELBOURNE, FL 32940

Current Mailing Address:

2965 CLEARLAKE DRIVE
4
MELBOURNE, FL 32935

New Mailing Address:

4736 FOUR LAKES DRIVE
MELBOURNE, FL 32940

FEI Number: 20-8363685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATS, SHANNON A
2965 CLEARLAKE DRIVE
4
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

KATS, SHANNON A
4736 FOUR LAKES DRIVE
MELBOURNE, FL 32940 US

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.

SIGNATURE: SHANNON A KATS

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KATS, SHANNON A
Address: 2965 CLEARLAKE DRIVE #4
City-St-Zip: MELBOURNE, FL 32935

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KATS, SHANNON A
Address: 4736 FOUR LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Change (X) Addition
Name: KATS, SHANNON A
Address: 4736 FOUR LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: S () Change (X) Addition
Name: KATS, SHANNON A
Address: 4736 FOUR LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON A. KATS

P

04/04/2008

Electronic Signature of Signing Officer or Director

Date