


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000068589 1. Entity Name LEONARDO ENTERPRISES, INC.	
--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 591 DAL HALL BLVD LAKE PLACID, FL 33852	Mailing Address 2851 GRACE LANE SEBRING, FL 33875
---------------------------------------------------------------------------	---------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0444697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEONARDO, MICHAEL 2851 GRACE LANE SEBRING, FL 33875

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
----------------------------------------------------------------------------------	------------------------------------

1000000589936
01/18/07-80036-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARDO, MICHAEL 2851 GRACE LANE SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARDO, LEIGH A 2851 GRACE LANE SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, LEWIS 3701 GRAND CONCOURSE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, SANDRA 3701 GRAND CONCOURSE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Michael Leonardo 1-15-07 863-465-9699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #