

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000071445

Entity Name: LEONARD ISRAEL, INC.

**FILED**  
**Apr 17, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

309 KNOTTY WOOD LANE  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

309 KNOTTY WOOD LANE  
WELLINGTON, FL 33414

**Current Mailing Address:**

309 KNOTTY WOOD LANE  
WEST PALM BEACH, FL 33414

**New Mailing Address:**

309 KNOTTY WOOD LANE  
WELLINGTON, FL 33414

FEI Number: 65-0444041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISRAEL LEONARD  
309 KNOTTYWOOD LANE  
WEST PALM BEACH, FL 33414 US

**Name and Address of New Registered Agent:**

ISRAEL LEONARD  
309 KNOTTYWOOD LANE  
WELLINGTON, FL 33414 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: LEONARD ISRAEL

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ISRAEL LEONARD,  
Address: 309 KNOTTY WOOD LANE  
City-St-Zip: WEST PALM BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONARD ISRAEL

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date