
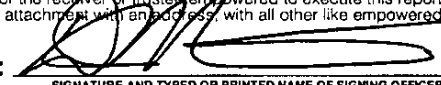


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # P94000029979</b>						
<b>1. Entity Name</b> LEDDS INTERNATIONAL, INC.						
<b>Principal Place of Business</b> 1913 NW 40TH CT A POMPANO BEACH, FL 33064 US			<b>Mailing Address</b> 6850 NINETEEN MILE ROAD STERLING HEIGHTS, MI 48314			
<b>2. Principal Place of Business</b> 1919 NW 40th Court		<b>3. Mailing Address</b> Suite, Apt. #, etc.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		<b>4. FEI Number</b> 65-0486546		
Zip		Country		Applied For Not Applicable		
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  MANCINI, DANIEL C. 1913 NW 40TH CT POMPANO BEACH, FL 33064			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable) 1919 NW 40th Court  City <span style="float: right;">FL</span> Zip Code			
<b>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.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> VPD	<b>NAME</b> MANCINI, DANIEL C		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2601 NORTHWEST 48TH STREET	<b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33073			<b>NAME</b> 	1919 NW 40th Court	
<b>STREET ADDRESS</b> 6850 NINETEEN MILE ROAD	<b>CITY-ST-ZIP</b> STERLING HEIGHTS, MI 48314			<b>STREET ADDRESS</b> 	Pompano Beach, FL 33064	
<b>TITLE</b> D	<b>NAME</b> MANCINI, STEVEN M		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 6850 NINETEEN MILE ROAD	<b>CITY-ST-ZIP</b> STERLING HEIGHTS, MI 48314			<b>STREET ADDRESS</b> 	100053694501	
<b>TITLE</b> D	<b>NAME</b> MANCINI, EDWARD A		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 	05/03/05--01049--001 **200.00	
<b>STREET ADDRESS</b> 6850 NINETEEN MILE ROAD	<b>CITY-ST-ZIP</b> STERLING HEIGHTS, MI 48314			<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>						
<b>SIGNATURE:</b> 			Daniel C Mancini		954 956-9823	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	