


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000029979	
1. Entity Name LEDDS INTERNATIONAL, INC.	

Principal Place of Business 1919 NW 40TH COURT POMPANO BEACH, FL 33064 US	Mailing Address 6850 NINETEEN MILE ROAD STERLING HEIGHTS, MI 48314
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0486546	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

**MANCINI, DANIEL C.
1919 NW 40TH COURT
POMPANO BEACH, FL 33064**

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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 _____

Signature, typed 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	MANCINI, DANIEL C
STREET ADDRESS	1919 NW 40TH COURT
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	MANCINI, STEVEN M
STREET ADDRESS	6850 NINETEEN MILE ROAD
CITY-ST-ZIP	STERLING HEIGHTS, MI 48314
TITLE	D
NAME	MANCINI, EDWARD A
STREET ADDRESS	6850 NINETEEN MILE ROAD
CITY-ST-ZIP	STERLING HEIGHTS, MI 48314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/06 80022-004 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

Date

586 739-5210

Daytime Phone #