2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachm

SIGNATURE:

with all other

Apr 19, 2006 8:00 am Secretary of State **DOCUMENT # P94000056295** 04-19-2006 90110 050 ***150.00 1. Entity Name LEASH & MCKENZIE GROUP INC. Principal Place of Business Mailing Address 8723 FERNWICKE CT 8723 FERNWICKE CT 50013851 ORLANDO, FL 32819 ORLANDO, FL 32819 US 3. Mailing Address 421 S. Summerlin 2. Principal Place of Business 421 S. Summerlin Ave Suite, Apt. #, etc. 04122006 CR2E034 (11/05) City & State 4. FEI Number Applied For City & State Orlando. FL Orlando: 65-0440870 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRITZER, GALEN 8723 FERNWICKE CT ORLANDO, FL 32819 lando 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Change ☐ Addition TITLE GRITZER, GALEN 421 S. SUMMERLIN AVE. GRITZER, GALEN NAME NAME STREET ADDRESS 8723 FERNWICKE CT STREET ADDRESS Orlando, FL 32801 CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director let this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if a empowered. 12. I hereby certify that the information supplied with this filling does indicated on this report or supplemental report is true and accurate the corporation or the receiver or trustee empowered to execute the corporation.

FILED