2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072545

City-St-Zip:

TAMPA, FL 33612

FILED Mar 06, 2007 Secretary of State

| Entity Nar | me: LEADER | FINANCIAL CORPORATION | | | |
|---|---|-----------------------------------|--|--|--|
| Current Principal Place of Business: | | | New Principal Place o | f Business: | |
| 13309 WIN TAMPA, FI | IDING OAK CO L 33612 US | | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| P O BOX 2 TAMPA, FI | 270560 L 336880560 | JS | | | |
| FEI Number: | : 59-3271081 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| KLEIN, MAURA 13309 WINDING OAK CT STE A TAMPA, FL 33612 US | | | KLEIN, MAURA 13309 WINDING OAK (STE B TAMPA, FL 33612 US | 13309 WINDING OAK CT STE B | |
| | named entity s e of Florida. | submits this statement for the pr | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: MAURA KLEIN | | | | 03/06/2007 | |
| | Electron | ic Signature of Registered Age | nt | Date | |
| Election Car | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | VPSD () KLEIN, MAURA 13309 WINDING TAMPA, FL 336 | | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | PD () KLEIN, NOREE 13309 WINDING TAMPA, FL 336 | GOAK CT | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: | VPTD () BEIL, FREDA J 13309 WINDING | | Title: (Name: Address: |) Change ()Addition | |

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.

City-St-Zip:

SIGNATURE: MAURA KLEIN VPSD 03/06/2007