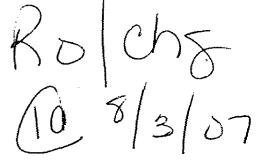
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special instructions to	Filing Officer:	
1		







500106562265

07/30/07-01014-017 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Leader Financial Corporation		
(Name of Corporation)		
DOCUMENT NUMBER: P94000072545		
The enclosed Statement of Change of Registered Office/Agent and fce are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Maura Klein		
(Name of Contact Person)		
Leader Financial Corporation		
(Firm/Company)		
P. O. Box 270560 (Address)		
Tampa, FL 33688-0560 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Maura Klein at (813) 505-5776 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a \$35,00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05).