

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072545

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: LEADER FINANCIAL CORPORATION

**Current Principal Place of Business:**

1203 LA BRAD LANE  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 273018  
TAMPA, FL 336880180 US

**New Mailing Address:**

FEI Number: 59-3271081      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLEIN, MAURA  
11718 NICKLAUS CR.  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPSD ( ) Delete  
Name: KLEIN, MAURA  
Address: 11718 NICKLAUS CR.  
City-St-Zip: TAMPA, FL 33624

Title: PD ( ) Delete  
Name: KLEIN, NOREEN  
Address: 1203 LA BRAD LANE  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MAURA KLEIN

VP

04/30/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date