

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000060855

Entity Name: LEATHER MEDIC INC.

FILED
May 22, 2007
Secretary of State**Current Principal Place of Business:**13891 JET PORT LOOP ROAD
24
FT MYERS, FL 33913 US**New Principal Place of Business:****Current Mailing Address:**13891 JET PORT LOOP ROAD
24
FT MYERS, FL 33913 US**New Mailing Address:**

FEI Number: 65-0603205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LIFE, KYLE
11532 MAHOGANY RUN
FT MYERS, FL 33913 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**OFFICERS AND DIRECTORS:**Title: P () Delete
Name: LIFE, KYLE
Address: 11532 MAHOGANY RUN
City-St-Zip: FT MYERS, FL 33913Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP () Change (X) Addition
Name: LIFE, CHADE
Address: 11532 MAHOGANY RUN
City-St-Zip: FT. MYERS, FL 33913

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: CHADE LIFE

VP

05/22/2007

Electronic Signature of Signing Officer or Director_____
Date