

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060855

Entity Name: LEATHER MEDIC INC.

FILED  
Mar 31, 2008  
Secretary of State

## Current Principal Place of Business:

13891 JET PORT LOOP ROAD  
# 24  
FT MYERS, FL 33913 US

## Current Mailing Address:

13891 JET PORT LOOP ROAD  
# 24  
FT MYERS, FL 33913 US

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

## New Principal Place of Business:

13891 JETPORT LOOP ROAD  
# 24  
FT MYERS, FL 33913 US

## New Mailing Address:

13891 JETPORT LOOP ROAD  
# 24  
FT MYERS, FL 33913 US

## Name and Address of New Registered Agent:

LIFE, KYLE  
13891 JETPORT LOOP ROAD  
#24  
FT MYERS, FL 33913 US

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:

03/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LIFE, KYLE  
Address: 11532 MAHOGANY RUN  
City-St-Zip: FT MYERS, FL 33913

Title: VP ( ) Delete  
Name: LIFE, CHADE  
Address: 11532 MAHOGANY RUN  
City-St-Zip: FT. MYERS, FL 33913

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LIFE, KYLE  
Address: 13891 JETPORT LOOP ROAD #24  
City-St-Zip: FT MYERS, FL 33913

Title: VP (X) Change ( ) Addition  
Name: LIFE, CHADE  
Address: 13891 JETPORT LOOP ROAD #24  
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: KYLE LIFE

P

03/31/2008

Electronic Signature of Signing Officer or Director

Date