2006 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

05-10-2006 90100 013 ***150.00 DOCUMENT # P9600003704 LEADERSHIP TRAINING ASSOCIATES, INC. Ello 2 Loon Principal Place of Business Mailing Address 606 BALD EAGLE DRIVE, STE. 500 606 BALD EAGLE DRIVE, STE. 500 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0645110 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent WOODWARD, CRAIG'R DO NOT WRITE WOODWARD, PIRES, ANDERSON & LOMBARDO, P.A. 606 BALD EAGLE DR., #500 IN THIS SPACE MARCO ISLAND, FL 33969 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE LEMLEY, RAYMOND E NAME 870 S. COLLIER BLVD., #402 STREET ADDRESS MARCO ISLAND, FL 34145 CITY-ST-ZIP TITLE NAME HOWE, MARY LEE STREET ADDRESS 870 S. COLLIER BLVD., #402 CITY-ST-ZIP MARÇO ISLAND, FL 34145 IITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED May 10, 2006 8:00 am

Secretary of State

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May Lee Howe PRESIDENT

BIGNATURE

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