2008 FOR PROFIT CORPORATION

FILED Mar 14, 2008 08:00 AN Secretary of State

ANNUAL REPORT		
DOCUMENT # P960 1. Entity Name LEATHER & SPURS WPB, IN		
Principal Place of Business	Mailing Address	•

5812 S. DIXIE HWY W PALM BEACH, FL 33405

P 0 BOX 18773 WEST PALM BCH, FL 33416 No Chg-P CR2E034 (11/05) 03082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0647937 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROSA, JAMES 5449 MENDOZA ST WEST PALM BEACH, FL 33415 IN THIS SPACE 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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000858209 9. Election Campaign Financing \$5.00 May Be FILE NOWIT FEE IS \$150.00 04/01/08-80036-009 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ROSA, JAMES NAME STREET ADDRESS 5812 S. DIXIE HWY CITY-ST-ZIP W PALM BEACH, FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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 ceth; that I am an officer or director of the corporation or the receiver or frustee 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 withput oddress; with all other like empowered.

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #