


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90187 030 ***158.75

DOCUMENT # P96000044919 1. Entity Name L.E.T. INTERNATIONAL, INC.					
Principal Place of Business 99 NW 183RD STREET, STE 237 MIAMI, FL 33169			Mailing Address 99 NW 183RD STREET, STE 237 MIAMI, FL 33169		
2. Principal Place of Business 1580 SAWGRASS CORP PKWY		3. Mailing Address 5456 SW 7th Ave RD			
Suite, Apt. #, etc. Suite 130		Suite, Apt. #, etc.			
City & State SUNRISE FL		City & State Ocala FL		4. FEI Number 65-0770930	
Zip 33323		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOY, JAMES L 12355 NW 35TH ST. Ocala, FL 34482			7. Name and Address of New Registered Agent Name <u>McCOY James L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5456 SW 7th Ave RD</u> City <u>Ocala</u> <u>FL</u> Zip Code <u>34474</u>		
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 <u>James L McCoy</u> DATE <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCCOY, JAMES L 12355 NW 35TH ST. OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>5456 SW 7th Ave RD</u> <u>Ocala FL 34474</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCCOY, DOUGLAS S 99 NW 183RD ST. SUITE 237 MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1400 NW 154th LANE</u> <u>PEMBROKE PINES, FL 33028</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>James L McCoy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/26/05</u> (352) 351-0326 <small>Date Daytime Phone #</small>		