2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060107

Name:

Address:

City-St-Zip:

FILED Apr 20, 2005 Secretary of State

Entity Nar	ne: FIRST LE	ENDERS FINANCIAL GROUP,	INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
400	BINSON ST.					
	, FL 32803	US				
Current M	ailing Addres	ss:	New Maili	ing Addres	ss:	
1600 E. ROBINSON ST. 400						
	, FL 32803	US				
FEI Number:	59-3388840	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CINTRON, ANA 1600 E. ROBINSON ST., STE 400 ORLANDO, FL 32803 US			400 N. FE	GARCIA, MARIO 400 N. FERNCREEK AVENUE ORLANDO, FL 32803 US		
The above in the State		submits this statement for the p	urpose of changing	its registere	ed office or registered agent, or both,	
SIGNATURE: MARIO GARCIA				04/20/2005		
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CINTRON, ANA	NGLAND AVENUE, SUITE 402	Title: Name: Address: City-St-Zip:		(X) Change () Addition ANA OBINSON STREET, SUITE 400 FL 32803 US	
Title: Name: Address: City-St-Zip:	CAMACHO, JO	NGLAND AVENUE, SUITE 402	Title: Name: Address: City-St-Zip:		(X) Change () Addition , JOSE L)BINSON STREET, SUITE 400 FL 32803 US	
Title:) Delete	Title:	D	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

TORRES, MADELINE

ORLANDO, FL 32803 US

1600 E. ROBINSON STREET, SUITE 400

SIGNATURE: CINTRON ANA D 04/20/2005