


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000085680</b> 1. Entity Name <b>LEO EQUITY GROUP, INC.</b>	
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Principal Place of Business <b>ONE EAST ELEVENTH STREET SUITE 500 RIVIERA BCH, FL 33404 US</b>	Mailing Address <b>ONE EAST ELEVENTH STREET SUITE 500 RIVIERA BCH, FL 33404 US</b>
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**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>22-3470648</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MCTIGHE, JOHN M. ONE EAST ELEVENTH STREET, SUITE 500 RIVIERA, FL 33404</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MURRAY, FRANCIS W 211 BENIGNO BOULEVARD, SUITE 210 BELLMAWR, NJ 08031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURRAY, FRANCIS X ONE EADT ELEVENTH STREET, SUITE 500 RIVIERA BCH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCTIGHE, JOHN M ONE EAST ELEVENTH STREET, SUITE 500 RIVIERA BCH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/07-80073-002 150.00

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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 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:  **FRANCIS X. MURRAY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY APRIL 20 2007 564-815-2101  
Date Daytime Phone #