

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090769

FILED  
Jan 12, 2007  
Secretary of State

Entity Name: LEANNI DEVELOPMENT CORPORATION

## Current Principal Place of Business:

8 CRAFTON CT.  
PALM COAST, FL 32137

## New Principal Place of Business:

#5 SUMMER TERRACE  
PALM COAST, FL 32137

## Current Mailing Address:

P.O. BOX 265  
BALDWIN PLACE, NY 10505

## New Mailing Address:

FEI Number: 59-3478194      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D  
4 OLD KINGS RD., N.  
PALM COAST, FL 32137      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LUPINACCI, NICHOLAS  
Address: P O BOX 265 N/A  
City-St-Zip: BALDWIN PLACE, NY 20505

Title: D ( ) Delete  
Name: LUPINACCI, JANET  
Address: P O BOX 265 N/A  
City-St-Zip: BALDWIN PLACE, NY 20505

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LUPINACCI, NICHOLAS  
Address: P O BOX 265 N/A  
City-St-Zip: BALDWIN PLACE, NY 10505

Title: D (X) Change ( ) Addition  
Name: LUPINACCI, JANET  
Address: P O BOX 265 N/A  
City-St-Zip: BALDWIN PLACE, NY 10505

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

SIGNATURE: NICHOLAS LUPINACCI

D

01/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date