

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040977

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** LEADING EDGE INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

2640 NE 213 STREET  
MIAMI, FL 33180

**New Principal Place of Business:**

3210 SW 39 STREET  
WEST PARK, FL 33023

**Current Mailing Address:**

2640 NE 213 STREET  
MIAMI, FL 33180

**New Mailing Address:**

P.O. BOX 908  
HALLANDALE, FL 33008

**FEI Number:** 65-0833163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHELAN, EDGAR Z  
2640 NE 213 STREET  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

WHELAN, EDGAR Z  
3210 SW 39 STREET  
WEST PARK, FL 33023 US

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:

01/14/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WHELAN, EDGAR Z  
Address: 2640 NE 213 STREET  
City-St-Zip: MIAMI, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WHELAN, EDGAR Z  
Address: P.O. BOX 908  
City-St-Zip: HALLANDALE, FL 33008

I hereby certify that the information supplied with this filing does not qualify 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: EDGAR Z WHELAN

MR

01/14/2008

Electronic Signature of Signing Officer or Director

Date