

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000056303**

1. Entity Name  
**LEITNER CONSULTING GROUP, INC.**



Principal Place of Business      Mailing Address

7204 NW 116TH WAY      7204 NW 116TH WAY  
 PARKLAND, FL 33076 US      PARKLAND, FL 33076 US

**DO NOT WRITE IN THIS SPACE**



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0845376**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLISTON, TODD W**  
**3211 W BLOWARD BLVD, STE 375**  
**PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEITNER, IRA B 7204 NW 116TH WAY PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LEITNER, DEBORAH S 7204 NW 116TH WAY PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/20/06-80031-011 150.00

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: IRA B LEITNER      4/3/2006      954-345-7906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #