

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000061614

1. Entity Name
LEFTAH, INC.



Principal Place of Business
4 CARRINGTON LANE
ORMOND BEACH, FL 32174

Mailing Address
4 CARRINGTON LANE
ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

60033762



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-3634510	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAMBERT, WILLIAM N
433 SILVER BEACH AVE STE 104
DAYTONA BEACH, FL 32118

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	LOUIS, MANOLAS
STREET ADDRESS	19 LAUREL OAKS CIRCLE
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	VD
NAME	LEAHEY, HARRY
STREET ADDRESS	59 PUTNAM AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	SD
NAME	MANOLAS, EMMANOUIL G
STREET ADDRESS	4 CARRINGTON LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 (386) 871-5766
Date Daytime Phone #