


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000036747</b> 1. Entity Name <b>LEAD GR TECHNOLOGIES, INC.</b>	
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Principal Place of Business <b>1536 ROBBIA AVE MIAMI, FL 33146</b>	Mailing Address <b>1536 ROBBIA AVE MIAMI, FL 33146</b>
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**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0910053</b>	Applied For <input type="checkbox"/> 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

**GESSA, HECTOR  
1536 ROBBIA AVE  
CORAL GABLES, FL 33145**

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	<b>D GESSA, HECTOR I 1536 ROBBIA AVE CORAL GABLES, FL 33145</b>
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05/20/06-80062-011 150.00

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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/25/06** **Date** **Daytime Phone #**