

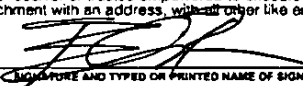


FILED
Feb 28, 2007 8:00 am
Secretary of State

01-23-2007 90039 037 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000041614 1. Entity Name LEGGIADRO OF PALM BEACH INC.		
Principal Place of Business 317-A WORTH AVE. PALM BEACH, FL 33480	Mailing Address 8 WEST 40TH STREET 14TH FLOOR NEW YORK, NY 10018	
DO NOT WRITE IN THIS SPACE		 01042007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0921443 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROSS, BROOKS 225 DYER RD WEST PALM BEACH, FL 33405		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSS, ANN 8 WEST 40TH STREET, 14TH FLOOR NEW YORK, NY 10018	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROSS, BROOKS 8 WEST 40TH STREET, 14TH FLOOR NEW YORK, NY 10018	
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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 or without like empowered. SIGNATURE:  2/22/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		