


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90216 028 ***150.00

DOCUMENT # P99000061625	
1. Entity Name LEEWARD ENTERPRISES, INC.	

Principal Place of Business 5102 DALEWOOD LANE LAKE WORTH, FL 33467	Mailing Address 5102 DALEWOOD LANE LAKE WORTH, FL 33467
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2. Principal Place of Business 3772 S. MILITARY TR	3. Mailing Address 3772 S. MILITARY TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WORTH, FL	City & State LAKE WORTH, FL
Zip 33463	Zip 33463
Country USA	Country USA

04192006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0933968	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'CALLAGHAN, MICKI S 2325 CURLEY CUT WEST PALM BEACH, FL 33411	7. Name and Address of New Registered Agent Name O'CALLAGHAN, MICKI S. Street Address (P.O. Box Number is Not Acceptable) 3772 S. MILITARY TR. City LAKE WORTH FL Zip Code 33463
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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: Micki S. O'Callaghan MICKI S. O'CALLAGHAN 4/24/06
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST O'CALLAGHAN, MICKI S 2325 CURLEY CUT WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O'CALLAGHAN, MICKI S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3772 S. MILITARY TRAIL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALLO, THOMAS S 5102 DALEWOOD LANE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GALLO, THOMAS S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 TRIANA ST. WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Micki S. O'Callaghan MICKI S. O'CALLAGHAN 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
561-641-1009