2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 14, 2004 8:00 am
Secretary of State
01-14-2004 90010 019 ***158.75

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01052004 Chg-P CR2E034 (10/03)

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1. Entity Name
LEADS MARKETING GROUP, INC.

Principal Place of Business	Mailing Address
6700 N. ANDREWS AVE., STE. 109 FT. LAUDERDALE, FL 33309	2625 MCCORMICK DRIVE SUITE 102 CLEARWATER, FL 33759

2. Principal Place of Business	3. Mailing Address
2623 McCormick Drive	2623 McCormick Drive
Suite, Apt. #, etc.: Suite 104	Suite, Apt. #, etc.: Suite 104
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33759 Country: USA	Zip: 33759 Country: USA

4. FEI Number: 65-0945889 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEACH, JEFF M
6700 N. ANDREWS AVE., STE. 109
FT. LAUDERDALE, FL 33309

Address change only →

~~7. Name and Address of New Registered Agent~~

Name: Jeff M Leach
Street Address (P.O. Box Number is Not Acceptable): 2623 McCormick Drive
Suite 104
City: Clearwater FL Zip Code: 33759

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: NA
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEACH, JEFF 960 SW 19TH STREET BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, TOM 418 SILVER MOSS LANE TARPON SPRINGS, FL 34688	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas Edwards 1-9-04 727-669-2885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #