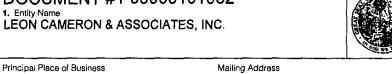
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P99000101082 1. Entity Name LEON CAMERON & ASSOCIATES, INC.

**FILED** May 02, 2007 08:00 AM Secretary of State



8811 VALLETTA DR.

**TAMPA, FL 33637** 

## DO NOT WRITE IN THIS SPACE

04272007	No Chg-P	CR2E034 (11/05)

Applied For 4. FEI Number 65-0962886 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SAMUELS, HARRY M 2901 STIRLING RD STE 307 FORT LAUDERDALE, FL 33312

SIGNATURE:

8811 VALLETTA DR.

TAMPA, FL 33637

## DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent agnature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS		<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CAMERON, LEON S PO BOX 290164 TAMPA, FL 33637					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, SETH 492 WASHINGTON ST LEETSDALE, PA 15056			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000754761 05/22/07-80074-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					00, 22, 01 00011 000 10010	
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 suppliemental 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 truefee 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.						

AD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR