


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000104519</b> 1. Entity Name <b>LERIVAP, INC.</b>	
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Principal Place of Business <b>4968 TAMiami TRAIL N NAPLES, FL 34103</b>	Mailing Address <b>4968 TAMiami TRAIL N NAPLES, FL 34103</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01252007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3613532</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>LEVY, HANS 4968 TAMiami TRAIL N. NAPLES, FL 34103</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, LINDA LEVY 217 COUNTRY LANE MT. LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, MARIAN LEVY 217 COUNTRY LANE MT. LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, BARBARA 28511 10TH AVENUE SOUTH FEDERAL WAY, WA 98003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000630831 02/20/07-80023-002 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 all other like empowered.

<b>SIGNATURE:</b> <u>Linda L. Levin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/5/7 239-430-7876</u> <small>Date Daytime Phone #</small>
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