## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V53828

FILED Feb 06, 2008 08:00 AN Secretary of State

1. Entity Name SALES LEADS, INC.			)		
Principal Place of Business	Mailing Address				
705 PARK AVENUE LAKE PARK, FL 33403	705 PARK AVENUE LAKE PARK, FL 33403				
DO NOT WRITE I	N THIS SDA	^E	01232008 No Chg	-P CR2E034	<u>`</u> , ,
DO NOT WITTE IN THIS STA		ÇL .	4. FEI Number 65-0347249		Applied For Not Applicable
			5. Certificate of Status Des		3.75 Additional e Required
6. Name and Address of Current Reg	Istered Agent				
BEECHER, MICHAEL G OWNER 705 PARK AVENUE LAKE PARK, FL 33403		DO NOT WRITE IN THIS SPACE			
the obligations of registered agent	barbose or changing its registere	ad office of registe	sted agent, or both, in the state	3 OF FIORICA. TAIN IAM	illiai with, and accept
SIGNATURE					
Signature, typed or printed name of registered agent and titl	e il applicable (NOTE, Registered	d Agent signature require	ad when reinstating)	DATE	
FILE NOW!!!. FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			5.00 May Be ded to Fees		s es
10. OFFICERS AND DIRE	CTORS				· · · · · · · · · · · · · · · · · · ·
TILLE PRES NAME BEECHER MICHAEL GOWNER					

DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS 705 PARK AVE.

LAKE PARK, FL 33403

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME
SIREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

Machine Security Security Security Officer or director

2/4/08 561-845-01