
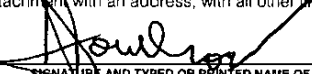


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90567 032 \*\*\*150.00

<b>DOCUMENT # P01000082261</b>					
1. Entity Name <b>ADVISORS LEASING CORPORATION</b>					
Principal Place of Business 3601 W COMMERCIAL BLVD #39 FT LAUDERDALE, FL 33309			Mailing Address 5434 W SAMPLE RD #239 MARGATE, FL 33073		
2. Principal Place of Business <b>4613 North University Drive</b>		3. Mailing Address <b>4613 North University Drive</b>			
Suite, Apt. #, etc. <b># 237</b>		Suite, Apt. #, etc. <b># 237</b>			
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>		04292005 Chg-P CR2E034 (10/03)	
Zip <b>33067</b>		Country <b>US</b>		4. FEI Number <b>65-1130980</b>	
Zip <b>33067</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DOMBROW, ALLAN B 3601 W COMMERCIAL BLVD #39 FT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) <b>4613 North University Drive # 237</b>		
			City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33067</b>		
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	DPST DOMBROW, ALLAN B 5434 W SAMPLE ROAD #239 MARGATE, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4613 North University Drive # 237 Coral Springs, FL 33067	<input checked="" 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
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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 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.					
<b>SIGNATURE:</b> 		<b>ALLAN B Dombrow</b>		Date <b>4/29/05</b> Daytime Phone # <b>954-777-0252</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					