

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40939

FILED
Mar 03, 2006
Secretary of State

Entity Name: RESUN LEASING, INCORPORATED

Current Principal Place of Business:

22810 QUICKSILVER DR
DULLES, VA 20166 US

New Principal Place of Business:

Current Mailing Address:

22810 QUICKSILVER DR
DULLES, VA 20166 US

New Mailing Address:

FEI Number: 54-1375284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAQUIN, CHARLES R
Address: 12740 DUNVEGAN DRIVE
City-St-Zip: CLIFTON, VA 20124

Title: S () Delete
Name: SHEETS, JAMES D
Address: 361 CHESTERTOWN ST
City-St-Zip: GAITHERSBURG, MD 20878

Title: D () Delete
Name: KUNISCH, ROBERT D
Address: 237 WATER WAYS AVE
City-St-Zip: BOCA GRANDE, FL 33421

Title: D () Delete
Name: FARRELL, JAMES T
Address: 2505 GREEN STREET
City-St-Zip: SAN FRANCISCO, CA 94123

Title: D () Delete
Name: LORSCH, DAVID P
Address: 47 6 AVENUE
City-St-Zip: SAN FRANCISCO, CA 94118

Title: D () Delete
Name: ABRAHAM, BERBSTEIN
Address: 61 CURLEW ROAD
City-St-Zip: MANALAPAN, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. SHEETS

S

03/03/2006

Electronic Signature of Signing Officer or Director

_____ Date