

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46346

FILED  
Jul 15, 2004  
Secretary of State

Entity Name: RADLEASE, INC.

## Current Principal Place of Business:

% MYLES J. TRALINS  
2 SOUTH BISCAYNE BLVD #3310  
MIAMI, FL 33131

## New Principal Place of Business:

8787 BRYAN DAIRY ROAD  
SUITE #120  
LARGO, FL 33777

## Current Mailing Address:

3850 TAMPA ROAD  
PALM HARBOR, FL 34684 US

## New Mailing Address:

8787 BRYAN DAIRY ROAD  
SUITE #120  
LARGO, FL 33777 US

FEI Number: 59-2917933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRALINS AND ASSOCIATES, P.A.  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 3310  
MIAMI, FL 33131

## Name and Address of New Registered Agent:

SCHWEITZER & DOBOSZ  
1206 COURT STREET  
CLEARWATER, FL 34616

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: MARTY SCHWEITZER

07/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: TRALINS, ALAN,  
Address: 8787 BRYAN DAIRY ROAD STE 120  
City-St-Zip: SEMINOLE, FL 33777

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: TRALINS, ALAN,  
Address: 8787 BRYAN DAIRY ROAD STE 120  
City-St-Zip: LARGO, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALAN H. TRALINS, MD

MR

07/15/2004

Electronic Signature of Signing Officer or Director

Date