


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 268664	
1. Entity Name DIMMITT CAR LEASING INC	

Principal Place of Business C/O JOSHUA MAGIDSON, ESQ. P.O. BOX 1669 CLEARWATER, FL 33757-1669 US	Mailing Address C/O JOSHUA MAGIDSON, ESQ. P.O. BOX 1669 CLEARWATER, FL 34617-1669 US
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DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1038909	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIMMITT, LARRY, JR. 25191 U.S HWY 19 NORTH CLEARWATER, FL 34623

**DO NOT WRITE
IN THIS SPACE**

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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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000279002 03/28/05-20048-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIMMITT, LAWRENCE, III 1015 BAY ESPLANDE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIMMITT, RICHARD 965 BAY ESPLANADE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMMITT, LARRY, JR. 150 WILLADEL DR CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MAGIDSON, EILEEN DIMMITT 981 BAY ESPLANDE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: <i>Larry N Dimmitt</i> 3/23/05 727-791-3742	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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