


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 268664 1. Entity Name DIMMITT CAR LEASING INC	
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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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01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1038909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reestablishing) DATE _____
Signatures, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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 985 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	

<p>U00000845041 03/13/08-80022-021 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: *Larry Dimmitt Jr* 11/28/2008 (727)791-3742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #