## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 23, 2006 8:00 am Secretary of State

| DOCUMENT # 323335  1. Entity Name KAISER AUTO LEASING INC                                                                                                                            |                                                           |                                    |                      |                                                    | 03-23-2006 90010 037 ***150.00                         |                                                            |                                       |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------|----------------------|----------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|---------------------------------------|-------------|--|
| Principal Place                                                                                                                                                                      | e of Business                                             | Mailing Address                    |                      |                                                    |                                                        |                                                            |                                       |             |  |
| 1590 S WOODLAND BLVD                                                                                                                                                                 |                                                           | PO BOX 2813                        |                      |                                                    |                                                        |                                                            |                                       |             |  |
| DELAND, FL 32720 US                                                                                                                                                                  |                                                           | DELAND, FL 32720-2813 US           |                      |                                                    |                                                        |                                                            |                                       |             |  |
|                                                                                                                                                                                      |                                                           |                                    |                      | •                                                  | <br>  100(00 tille                                     | <b>1808</b> ali <b>an</b> iki <b>an</b> alian <b>a</b> lia | SIBNI BISNI DIBNI BISNI BIBNI BIS     |             |  |
| 2. Principal Pl                                                                                                                                                                      | ace of Business                                           | 3. Mailing Address                 |                      |                                                    |                                                        |                                                            |                                       |             |  |
|                                                                                                                                                                                      |                                                           |                                    |                      | 1 180/88 31118 1                                   | FOOD INDERTHOUGH 11161 8331                            | BERNI RIDII BERNI BIRIK BIRKI BIR                          | IIIBBI II IBBI                        |             |  |
| Suite, Apt. #, etc.                                                                                                                                                                  |                                                           | Suite, Apt. #, etc.                |                      |                                                    | 03082006                                               | Chg-P                                                      | CR2E034 (11/05)                       |             |  |
| City & State                                                                                                                                                                         |                                                           | City & State                       |                      |                                                    | 4 FFI Nivelege                                         |                                                            | · · · · · · · · · · · · · · · · · · · | antiad For  |  |
| City & State                                                                                                                                                                         |                                                           | City & State                       |                      | !                                                  | 4. FEI Number Applied For<br>59-1263060 Not Applicable |                                                            |                                       |             |  |
| Zip Country                                                                                                                                                                          |                                                           | Zip Counts                         |                      | <del></del> ,                                      |                                                        |                                                            | \$8.75 44                             |             |  |
|                                                                                                                                                                                      |                                                           |                                    |                      |                                                    | 5. Certificate o                                       | 1 Status Desired                                           | Fee Require                           |             |  |
|                                                                                                                                                                                      | Name and Address of Current Registered Agent              |                                    |                      |                                                    | 7. Name and Address of New Registered Agent            |                                                            |                                       |             |  |
| KAISER, F H                                                                                                                                                                          |                                                           |                                    |                      | Name                                               |                                                        |                                                            |                                       |             |  |
| 1590 S WOODLAND BLVD                                                                                                                                                                 |                                                           |                                    |                      | Street Address (P.O. Box Number is Not Acceptable) |                                                        |                                                            |                                       |             |  |
| DELAND, FL 32723                                                                                                                                                                     |                                                           |                                    |                      |                                                    |                                                        |                                                            |                                       |             |  |
|                                                                                                                                                                                      |                                                           |                                    |                      |                                                    |                                                        |                                                            | ·,                                    |             |  |
| ·                                                                                                                                                                                    |                                                           |                                    |                      | ty                                                 | FL Zip Code                                            |                                                            |                                       |             |  |
| 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 ac |                                                           |                                    |                      |                                                    |                                                        |                                                            |                                       | and accept  |  |
| the obligations of registered agent.                                                                                                                                                 |                                                           |                                    |                      |                                                    |                                                        |                                                            |                                       |             |  |
| SIGNATURE                                                                                                                                                                            |                                                           |                                    |                      |                                                    |                                                        |                                                            |                                       |             |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE                                     |                                                           |                                    |                      |                                                    |                                                        |                                                            |                                       |             |  |
| FIL<br>After Ma                                                                                                                                                                      | E NOW!!! FEE IS \$150.00<br>by 1, 2006 Fee will be \$550. | gn Financing<br>ribution.          | <b>\$5.</b><br>□ Add | .00 May Be<br>ed to Fees                           |                                                        |                                                            |                                       |             |  |
| 10                                                                                                                                                                                   | OFFICERS AND                                              | DIRECTORS                          | 11.                  |                                                    | ADDITIONS/0                                            | HANGES TO OFF                                              | ICERS AND DIRECTOR                    | RS IN 11    |  |
| TITLE                                                                                                                                                                                |                                                           |                                    | TITLE                |                                                    |                                                        |                                                            | ☐ Change                              | ☐ Addition  |  |
| NAME                                                                                                                                                                                 |                                                           |                                    | NAME                 |                                                    |                                                        |                                                            |                                       |             |  |
| STREET ADDRESS CITY-ST-ZIP                                                                                                                                                           | ESS 1590 S WOODLAND BLVD DELÁND, FL                       |                                    | STREET AD            | l l                                                |                                                        |                                                            |                                       |             |  |
|                                                                                                                                                                                      |                                                           |                                    | TITLE                | "                                                  |                                                        |                                                            | ☐ Change                              | ☐ Addition  |  |
| TITLE<br>NAME                                                                                                                                                                        | KAISER, F. H.                                             | ☐ Delete                           | NAME                 |                                                    |                                                        |                                                            | Change                                | ☐ Notition  |  |
| STREET ADDRESS                                                                                                                                                                       |                                                           |                                    | STREET AD            | DRESS                                              |                                                        |                                                            |                                       |             |  |
| CITY-ST-ZIP                                                                                                                                                                          | DELAND, FL                                                |                                    | Ctty-\$1-Z           | IP .                                               |                                                        |                                                            |                                       |             |  |
| TITLE                                                                                                                                                                                | ST                                                        | Delete                             | TITLE                |                                                    |                                                        |                                                            | Change                                | Addition    |  |
| NAME                                                                                                                                                                                 | KAISER, FREDERICK T                                       | ~ .                                | NAME                 |                                                    |                                                        |                                                            |                                       |             |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                        | 1590 S WOODLAND BLVD<br>DELAND, FL                        |                                    | STREET AD            | 1                                                  |                                                        |                                                            |                                       |             |  |
| TITLE                                                                                                                                                                                | DELAND, I E                                               | Delete                             | TITLE                |                                                    |                                                        |                                                            | Change                                | Addition    |  |
| NAME                                                                                                                                                                                 |                                                           | Li Delete                          | NAME                 |                                                    |                                                        |                                                            | Containgo                             |             |  |
| STREET ADDRESS                                                                                                                                                                       |                                                           |                                    | STREET AD            | DRESS                                              |                                                        |                                                            |                                       |             |  |
| CITY-ST-ZIP                                                                                                                                                                          |                                                           |                                    | CITY-ST-Z            | IP .                                               |                                                        |                                                            |                                       |             |  |
| TITLE                                                                                                                                                                                |                                                           | ☐ Delete                           | TITLE                |                                                    |                                                        |                                                            | ☐ Change                              | ☐ Addition  |  |
| NAME                                                                                                                                                                                 |                                                           |                                    | NAME                 |                                                    |                                                        |                                                            |                                       |             |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                        |                                                           |                                    | STREET AD            | 1                                                  |                                                        |                                                            | <del>-</del> .                        |             |  |
|                                                                                                                                                                                      |                                                           | - District                         | _                    | **                                                 | ***                                                    |                                                            | Change                                | Addition    |  |
| TITLE NAME                                                                                                                                                                           | •                                                         | ☐ Delete                           | TITLE                |                                                    |                                                        |                                                            | ( Change                              | LT POULINI  |  |
| STREET ADDRESS                                                                                                                                                                       | •                                                         |                                    | STREET AD            | ORESS                                              |                                                        |                                                            |                                       |             |  |
| CITY-ST-ZIP                                                                                                                                                                          | • "                                                       |                                    | CITY-ST-2            | TIP                                                |                                                        | •                                                          | •                                     |             |  |
| 42 I horoby                                                                                                                                                                          | certify that the information eupolied wit                 | th this filing door not qualify to | r the evene          | tione containo                                     | d in Chapter 119                                       | Florida Statutos 3                                         | further certily that the              | information |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Horida Statutes, 1 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06

386+234-6882