
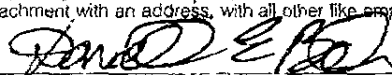


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 499158 <small>1. Entity Name</small> BAYVIEW LEASING CORPORATION					
<small>Principal Place of Business</small> 1515 S. FEDERAL HWY. SUITE 201 BOCA RATON FL 33432			<small>Mailing Address</small> 1515 S. FEDERAL HWY. SUITE 201 BOCA RATON FL 33432		
<small>2. Principal Place of Business</small> Suite, Apt. B, etc.			<small>3. Mailing Address</small> Suite, Apt. B, etc.		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>4. FE Number</small> 59-1669908	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required				<small>Applied For</small> <small>Not Applicable</small>	
<small>6. Name and Address of Current Registered Agent</small> BAKER, DONALD E. 1515 S FEDERAL HWY SUITE 200 BOCA RATON FL 33432				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City	
<small>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.</small>					
<small>SIGNATURE</small> _____ <small>(Signature typed or printed name of registered agent and title if applicable)</small> <small>(NOTE: Registered Agent signature required when required)</small> <small>DATE</small> _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				<small>9. Election Campaign Financing</small> \$5.00 May E <small>Trust Fund Contribution</small> <input type="checkbox"/> Added to Fees	
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PD BAKER, DONALD E 1515 S. FEDERAL HWY201 BOCA RATON, FL 00000	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000469426 03/25/06-80028-017 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/14/06** **921 395-76**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #