## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 501102**

Entity Name: ENTERPRISE LEASING COMPANY

FILED Apr 24, 2006 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
2150 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33313				5105 JOHNSON ROAD COCONUT CREEK, FL 33073		
Current Mailing Address:				New Mailing Address:		
C/O MARK I. LITOW 600 CORPORATE PARK DRIVE ST. LOUIS, MO 63105 US						
FEI Number: 59-1664426 FEI Number Applied For ( ) FEI Number			nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US						
The above in the State	named entity su of Florida.	ubmits this statement for the pur	pose of	f changing it	s registered of	fice or registered agent, or both,
SIGNATURE:						
Electronic Signature of Registered Agent						Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V ()E ALBRECHT, ROE 6800 N DALE MA TAMPA, FL 336	BRY HWY, #158		Title: Name: Address: City-St-Zip:	VDAS (X) SNYDER, WILLI 600 CORPORAT ST. LOUIS, MO	TE PARK DR.
Title: Name: Address: City-St-Zip:	S () E LITOW, MARK I 600 CORPORAT SAINT LOUIS, MO			Title: Name: Address: City-St-Zip:	S (X) LITOW, MARK I 600 CORPORAT ST. LOUIS, MO	TE PARK DR.
Title: Name: Address: City-St-Zip:	D () [ TAYLOR, ANDRE 600 CORPORAT SAINT LOUIS, M	E PARK DRIVE		Title: Name: Address: City-St-Zip:	AS (X) ZEREGA, JOAN 600 CORPORAT ST. LOUIS, MO	TE PARK DR
Title: Name: Address: City-St-Zip:	DP ()[ ROSS, DONALD 600 CORPORAT SAINT LOUIS, M	E DRIVE		Title: Name: Address: City-St-Zip:	DP (X) ROSS, DONALD 600 CORPORAT ST. LOUIS, MO	TE PARK DR
Title: Name: Address: City-St-Zip:	P () E MAYS, STEPHEN 4350 FOWLER S FORT MYERS, F	ST., STE 24		Title: Name: Address: City-St-Zip:	V (X) NESTOR, DAVID 600 CORPORAT ST. LOUIS, MO	TE PARK DR
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	V () LEVINE, ALAN E 5105 JOHNSON COCONUT CRE	ROAD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOAN M. ZEREGA AS 04/24/2006