


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90072 028 ***150.00

DOCUMENT # F06000006907	
1. Entity Name BOSTON LEASING GROUP CO.	

Principal Place of Business 353 CHILEAN AVE PALM BEACH, FL 33480	Mailing Address 353 CHILEAN AVE PALM BEACH, FL 33480
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2. Principal Place of Business - No P.O. Box 3581 S. Ocean Blvd	3. Mailing Address 3581 S. Ocean Blvd
Suite, Apt. #, etc. Apt. 4F	Suite, Apt. #, etc. Apt. 4F
City & State Palm Beach, FL	City & State Palm Beach, FL
Zip 33480	Zip 33480



03132007 Chg-P CR2E034 (12/06)

4. FEI Number 06-1225164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FACH, MICHAEL T 353 CHILEAN AVE PALM BEACH, FL 33480	7. Name and Address of New Registered Agent FACH, MICHAEL T. 3581 S. Ocean Blvd Apt. 4F Palm Beach, FL 33480
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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: **Michael T. Fach President** DATE: **3/15/07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC <input type="checkbox"/> Delete FACH, MICHAEL T 353 CHILEAN AVE PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PC FACH, MICHAEL T. 3581 S. Ocean Blvd Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Michael T. Fach President** DATE: **3/15/07** DAYTIME PHONE: **508-380-6500**