## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H94268

Address:

City-St-Zip:

1001 DR MLK BLVD

PLANT CITY, FL 33566

Entity Name: 3-T LEASING INC

FILED Apr 29, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	R M.L.KING JR E Ty, FL 33566519				
Current Mailing Address:			New Mailing Addres	ss:	
	R. M.L.KING JR TY, FL 3356651:				
FEI Number: 59-2809921 FEI Number Applied For ( )		FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
1001 W D	AJ, ASHOK R MLK BLVD TY, FL 33566	US			
	e named entity su e of Florida.	bmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI					
		Signature of Registered Age	ent	Date	
Election Car	mpaign Financing 1	Frust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	C () C KAVARANA, F K 24 HOMI MODI S' BOMBAY, IN	relete	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () C VENKITESWARA 2908 FOREST CL PLANT CITY, FL	*	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () C KRISHNAKUMAR MAHATMA GAND MUMBAI, INDIA,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D ASHCROFT, L.D. PO BOX 1526 N/ TRUTH OR CONS	4	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DP () D BHARDWAJ, ASH	velete IOK	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: ASHOK BHARDWAJ PRES 04/29/2007