

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H94268

Entity Name: 3-T LEASING INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1001 W DR M.L.KING JR BLVD
PLANT CITY, FL 335665150 US

New Principal Place of Business:

Current Mailing Address:

1001 W DR. M.L.KING JR BLVD
PLANT CITY, FL 335665150 US

New Mailing Address:

FEI Number: 59-2809921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BHARDWAJ, ASHOK
1001 W DR MLK BLVD
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

SANKARARAMAN, RAVI
1001 W DR MLK BLVD
PLANT CITY, FL 33566 US

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.

SIGNATURE: RAVI SANKARARAMAN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KAVARANA, F K
Address: 24 HOMI MODI ST
City-St-Zip: BOMBAY, IN

Title: D () Delete
Name: VENKITESWARAN, V.
Address: 2908 FOREST CLUB DR.
City-St-Zip: PLANT CITY, FL

Title: D () Delete
Name: KRISHNAKUMAR, R.K.
Address: MAHATMA GANDI ROAD
City-St-Zip: MUMBAI, INDIA,

Title: D () Delete
Name: ASHCROFT, L.D.
Address: PO BOX 1526 N/A
City-St-Zip: TRUTH OR CONSEQUENCES, NM

Title: DP () Delete
Name: BHARDWAJ, ASHOK
Address: 1001 DR MLK BLVD
City-St-Zip: PLANT CITY, FL 33566

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ASHCROFT, DERRICK
Address: PO BOX 1526 N/A
City-St-Zip: TRUTH OR CONSEQUENCES, NM

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SANKARARAMAN, RAVI
Address: 1001 DR MLK BLVD
City-St-Zip: PLANT CITY, FL 33563

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.

SIGNATURE: RAVI SANKARARAMAN

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date