
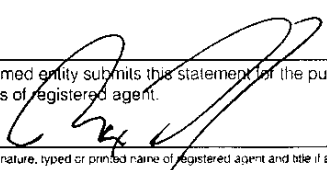
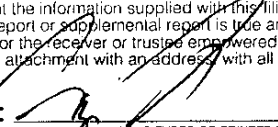


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90067 009 ***150.00

DOCUMENT # K12004 1. Entity Name DON L. LEASING MANAGEMENT, INC.																													
Principal Place of Business 3250 NW 23 AVE 0-100 POMPANO BEACH, FL 33069-5903			Mailing Address 3250 NW 23 AVE 0-100 POMPANO BEACH, FL 33069-5903																										
2. Principal Place of Business - No P.O. Box # 2500 W. SAMPLE ROAD Suite, Apt. #, etc.		3. Mailing Address 2500 W. SAMPLE ROAD Suite, Apt. #, etc.																											
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL		4. FEI Number 65-0026643																									
Zip 33073		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LLOYD, MAXWELL 3250 NW 23RD AVENUE 0-100 POMPANO BEACH, FL 33069-5903				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2500 W. SAMPLE ROAD City POMPANO BEACH, FL Zip Code 33073																									
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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)</small>																													
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																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LLOYD, MAXWELL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3250 NW 23 AVE, #0-100</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POMPANO BCH, FL 330695903</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">2500 W. SAMPLE ROAD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>POMPANO BEACH, FL 33073</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	LLOYD, MAXWELL		STREET ADDRESS	3250 NW 23 AVE, #0-100		CITY-ST-ZIP	POMPANO BCH, FL 330695903		TITLE	2500 W. SAMPLE ROAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	POMPANO BEACH, FL 33073		STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																											
NAME	LLOYD, MAXWELL																												
STREET ADDRESS	3250 NW 23 AVE, #0-100																												
CITY-ST-ZIP	POMPANO BCH, FL 330695903																												
TITLE	2500 W. SAMPLE ROAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	POMPANO BEACH, FL 33073																												
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
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: 				Date: 4-19-07 Daytime Phone #: 954-968-7900																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													