2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M82758

City-St-Zip:

FILED Mar 03, 2005 Secretary of State

Entity Nam	ne: OVERSEA	S LEASING, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
P.O. BOX 3	RSEAS HIGHW 324 DA, FL 33036	/AY					
Current Mailing Address:			New Maili	New Mailing Address:			
P.O. BOX 3	RSEAS HIGHW 324 DA, FL 33036	V AY					
FEI Number:	65-0049664	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desire	d ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
WOOD, RICHARD A. 82905 OVERSEAS HWY. ISLAMORADA, FL 33036 US			218 MATE	DOUGHERTY, M KAY 218 MATECUMBE AVENUE ISLAMORADA, FL 33036 US			
The above in the State		bmits this statement for the pu	irpose of changing it	ts registered o	office or registered agent,	or both,	
SIGNATURE: M KAY DOUGHERTY				03/03/2005			
		Signature of Registered Ager	nt		Date		
Election Cam	paign Financing [*]	Frust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () C WOOD, RICHARI 152 HARBORVIE TAVERNIER, FL	W DR.	Title: Name: Address: City-St-Zip:	P (X WOOD, RICHA 192 S AIRPOR TAVERNIER, F	RT ROAD		
Title: Name: Address: City-St-Zip:	()[Pelete	Title: Name: Address: City-St-Zip:	VP (DOUGHERTY, 218 MATECUN ISLAMORADA,	MBE AVENUE		
Title: Name: Address: City-St-Zip:	() [Pelete	Title: Name: Address: City-St-Zip:	S (WOOD, JANET 216 SO AIRPO TAVERNIER, F	ORT ROAD		
Title: Name:	() [Pelete	Title: Name:	T (WOOD, JAME:			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip: HAWTHORNE, FL 32640

SIGNATURE: M KAY DOUGHERTY VΡ 03/03/2005