2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001064

Entity Name: CHARITY UNLIMITED LEASING, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 336 NW 5TH STREET MIAMI, FL 33128 **Current Mailing Address: New Mailing Address:** 336 NW 5TH STREET MIAMI, FL 33128 FEI Number: 26-2449968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FITZGERALD, J. PATRICK ESQ J PATRICK FITZGERALD & ASSOCIATES PA 110 MERRICK WAY SUITE 3-B CORAL GABLES, FL 33134 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition MIESZALA, MICHAEL Name: Name: Address: Address: 680 NE 52 ND STREET City-St-Zip: City-St-Zip: MIAMI, FL 33137 Title: Title: () Change (X) Addition () Delete SEARSON, CHARLES Name: Name: Address: Address: 680 NE 52 ND STREET City-St-Zip: City-St-Zip: MIAMI, FL 33137 Title: () Delete Title: () Change (X) Addition OSMANSKI, WILLIAM Name: Name: 680 NE 52 ND STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33137 Title: () Delete Title: **PRES** () Change (X) Addition Name: Name: MACPHEE, RICHARD Address: Address: 26 GRANT AVENUE SOUTH City-St-Zip: City-St-Zip: HAMILTON, ONTARIO, CA L8N 2X5 Title: () Delete Title: () Change (X) Addition BRINKMANN, JUDY Name: Name: 4129 NORTH STATE ROUTE 1-17 POB 736 Address: Address: City-St-Zip: City-St-Zip: MOMENCE, IL 60954 () Change (X) Addition Title: () Delete Title: AHR. PAUL R Name: Name: Address: Address: 336 NW 5TH STREET MIAMI, FL 33128 City-St-Zip: City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY BRINKMANN SEC 04/13/2009