

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 03, 2007
Secretary of State**

DOCUMENT# N47213

Entity Name: FLORIDA ASSOCIATION OF EQUIPMENT LESSORS, INC.

Current Principal Place of Business:

ONE TAMPA CITY CENTER
STE. 1800
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

C/O GE 4211 METRO PARKWAY
ATTN: 1A TAX DEPT - HEALY
FT. MYERS, FL 33916 US

New Mailing Address:

FEI Number: 59-3108618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: HEALY, DONNA
Address: C/O GE 4211 METRO PARKWAY
City-St-Zip: FT. MYERS, FL 33916

Title: VSD () Delete
Name: TECIA, NANCY
Address: ONE TAMPA CITY CTR STE 1800
City-St-Zip: TAMPA, FL

Title: PD (X) Delete
Name: HIMMELBERGER, KIRK
Address: 420 W. BOYNTON BEACH BLVD. #203
City-St-Zip: BOYNTON BEACH, FL 33425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: HIMMELBERGER, KIRK
Address: 420 W. BOYNTON BEACH BLVD. #203
City-St-Zip: BOYNTON BEACH, FL 33425

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

Title: () Change () Addition
Name:
Address:
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: DONNA HEALY

_____ Electronic Signature of Signing Officer or Director

MGR

07/03/2007

_____ Date