2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006
Secretary of State

DOCUMENT# N94000005174

Entity Name: PALM BEACH SCHOOL BOARD LEASING CORP.

Current Principal Place of Business:

3300 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3300 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-0531703 **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:

ARTHUR, JOHNSON
3300 FOREST HILL BOULEVARD
C-316
WEST PALM BEACH, FL 334065869 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:	D	( ) Delete
Name:	ROBINSON, DEBRA MD	
Address:	3300 FOREST HILL BLVD C-316	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	D	( ) Delete
Name:	BENAIN, MONROE MD	
Address:	3300 FOREST HILL BLVDC-316	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	D	( ) Delete
Name:	HANSEN, MARK	
Address:	3300 FOREST HILL BLVD C-316	
City-St-Zip:	W PALM BEACH, FL 33406	
Title:	D	( ) Delete
Name:	RICHMOND, SANDRA S	
Address:	3300 FOREST HILL BLVD C-316	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	S	( ) Delete
Name:	JOHNSON, ARTHUR	
Address:	3300 FOREST HILL BLVD C-316	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	CD	( ) Delete
Name:	LYNCH, TOM	
Address:	3300 FOREST HILL BLVD C-316	
City-St-Zip:	WEST PALM BEACH, FL 33406	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: LEANNE EVANS T 05/23/2006

Electronic Signature of Signing Officer or Director — Date