


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90085 003 ****61.25

DOCUMENT # N95000000861		
1. Entity Name MONROE SCHOOL BOARD LEASING CORP.		

Principal Place of Business 241 TRUMBO ROAD KEY WEST, FL 33040 US	Mailing Address 241 TRUMBO ROAD KEY WEST, FL 33040 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

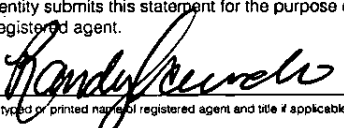
01132006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0728948	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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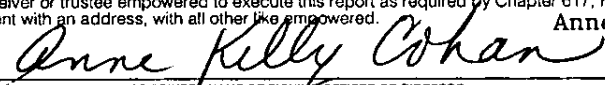
6. Name and Address of Current Registered Agent ACEVEDO, RANDY 241 TRUMBO RD KEY WEST, FL 33040	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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 	Randy Acevedo/Superintendent	2/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWSON, R. DUNCAN III 241 TRUMBO ROAD KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITHS, ANDY 241 TRUMBO ROAD KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Griffiths, Andy 241 Trumbo Road Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, DEBRA 241 TRUMBO ROAD KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walker, Debra 241 Trumbo Road Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHAN, ANNE K 241 TRUMBO ROAD KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Cohan, Anne K. 241 Trumbo Road Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C QUINN, EILEEN 241 TRUMBO ROAD KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Quinn, Eileen 241 Trumbo Road Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: 	Anne Kelly Cohan, Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
2/13/06	305-293-1400
Date	Daytime Phone #

ATTACHMENT

ORDER NO.

PAGE NO.

1

PURCHASE ORDER

ORDER DATE	02/08/2006
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VENDOR

FL 32302-1500

SHIP
T C

FINANCE DEPARTMENT
241 TRUMBO ROAD

(305)293-1400 EXT. 333

KEY WEST

FL 33040

DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
FILING FEE FOR ANNUAL REPORT * * * TERMS & CONDITIONS * * * RETURN \$0 TO BMB	1	EA	61.25	61.25
		FUND = 0110 900360611	TOTAL	61.25

DISTRICT SCHOOL BOARD OF MONROE COUNTY

SUPERINTENDENT AND SECRETARY

PLEASE ENTER OUR ORDER FOR MATERIALS OR SERVICES LISTED ABOVE:
IF GOODS CANNOT BE DELIVERED AS REQUESTED, PLEASE NOTIFY US AT ONCE:

(VOID without authorized signature)