## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000025174

City-St-Zip:

MAYO, FL 32066

FILED Jun 13, 2006 Secretary of State

Entity Na	me: NALL LE	ASING, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
HWY 51 NORTH MAYO, FL 32066			628 N. FLETCHER A MAYO, FL 32066	628 N. FLETCHER AVE MAYO, FL 32066	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 1 MAYO, FL					
FEI Number	: 46-0479310	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
NALL, FELIX HWY 51 NORTH MAYO, FL 32066 US				628 N. FLETCHER AVE	
	named entity see of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: FELIX NALL				06/13/2006	
	Electror	ic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( ) NALL, FELIX PO BOX 1286 MAYO, FL 320	Delete	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	DV ( ) NALL, PATRICI PO BOX 1286 MAYO, FL 320		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address:	DST ( ) BYRD, CHERY PO BOX 1286	Delete L	Title: Name: Address:	( ) Change ( ) Addition	

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

City-St-Zip:

SIGNATURE: PATRICIA NALL VΡ 06/13/2006