2008 FOR PROFIT CORPORATION

of the corporation or the receiver or trustee empowered

SIGNATURE AND TYPED OR PRINTED NAME O

changed, or on an attachment with an addres

SIGNATURE:

Apr 22, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P02000089175** 04-22-2008 90029 033 ***150.00 1. Entity Name M & S LEASING CO. Principal Place of Business Mailing Address 11924 FOREST HILL BOULEVARD 11924 FOREST HILL BOULEVARD **SUITE #255 SUITE #255** WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13808 Fairbne Ct 3808 Fauriane Ct Suite, Apt. #, etc. 04182008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Wellington ellunaton 16-1636864 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Banks, George Street Address (P.O. Box Number is Not Acceptable) BANKS, GEORGE 11924 FOREST HILL BOULEVARD **SUITE #255** WELLINGTON, FL 33414 13808 Fairlane Zip Code 334/4 8. The above named entity submits this statement he 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Change Addition BANKS, GEORGE NAME NAME 13808 FAIRLANE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33414 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and

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