2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090237

Entity Name: LENNOX RENTALS, INC.

FILED Jan 13, 2008 Secretary of State

5363 COLONADE CT CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

MIMOSA COTTAGE POLVINISTER FARMHOUSE OBAN BOX, STROUD ARGYLL, SCOTLAND PA34 5TN, OC GLOS., ENGLAND GL6 9HD, OC

FEI Number: 59-3761997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARYBETH LEWIS-MCLAUGHLIN HIGGINS, MCLAUGHLIN AND ASSOCIATES 3949 EVÁNS AVE, SUITE 302 FT MYERS, FL 33901 US

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:

City-St-Zip:

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

PA34 5TN SCOTLAND, OC

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

G11 5HD SCOTLAND, OC

Title: DPST () Delete Title: DPST (X) Change () Addition

Name: LENNOX, MAGGIE Name: LENNOX, MAGGIE POLVINISTER FARMHOUSE, OBAN, ARGYLL MIMOSA COTTAGE, BOX, STROUD, GLOS. Address: Address:

City-St-Zip: PA34 5TN, SCOTLAND, OC City-St-Zip: ENGLAND GL6 9HD, OC

Title: Title: () Delete (X) Change () Addition Name: LENNOX, IAN BRUCE Name: LENNOX, IAN BRUCE

Address:

POLVINISTER FARMHOUSE, OBAN ARGYLL MIMOSA COTTAGE, BOX, STROUD, GLOS. Address:

PA34 5TN SCOTLAND, OC ENGLAND GL6 9HD, OC City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete LENNOX, ALISON S LENNOX, ALISON S Name: Name:

MIMOSA COTTAGE, BOX, STROUD, GLOS. POLVINISTER FARMHOUSE, OBAN ARGYLL Address: Address:

City-St-Zip: PA34 5TN SCOTLAND, OC City-St-Zip: ENGLAND GL6 9HD, OC

Title: () Delete Title: (X) Change () Addition

LENNOX, ANDREW J LENNOX, ANDREW J Name: Name:

Address: POLVINISTER FARMHOUSE, OBAN ARGYLL Address: 2/1, 37 LAWRENCE ST, GLASGOW

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

SIGNATURE: IAN BRUCE LENNOX D 01/13/2008