2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P0400006882



May 19, 2008 8:00 am Secretary of State 05-19-2008 90039 047 ***150.00

| 1. Entity Name CAJOLE LEASING COMPANY, INC. | | | | | | | | | | |
|--|---|--|--|--|-------------------------|--------------------------|-------------|---|-------------------------------------|--|
| Principal Place of Business | | Mailing Address | | | 407 | U A - · | | | | |
| 1016 CLEARWATER PLACE WEST PALM BEACH, FL 33401 | | 1016 CLEARWATER PLACE WEST PALM BEACH, FL 33401 | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 400 S. AUSTRALIAN AZ 400 S. AUSTRALIAN AZ | | | 1. i.a.) Oila | | | | | | | |
| Suite. Apt. #, etc. # 300 | | 400 S. AUSTRALIAN ANE Suite, Apt. #, etc. #300 | | ; | 03192008 | Chg-P | CR2E | 34 (12/06) | | |
| WEST PAlm BEACH, FI | | City & State PAIM BEACH, FI | | , | 4. FEI Numb | | | } | plied For t Applicable | |
| ^{Zip} 3340 | • | 3340 1 | Country | | | e of Status Desired | | \$8.75 Add Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | | | | |
| KOEPPEL, JOEL P 1016 CLEARWATER PLACE | | | Street Ad | Street Address (P.O. Box Number is Not Acceptable) 400 5. AUSTRALIAN AVE. | | | | | | |
| WEST PALM BEACH, FL 33401 | | | | 300 | | TOTAL PRINCE | 100. | | | |
| | | | City We | <i>500</i> €\$7 | Palm | BEACH | FL | Zip Code | 401 | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its | egistered office or | register | ed agent, or bo | oth, in the State of Flo | orida. I am | familiar with, | and accept | |
| Derefrence 2/18/00 | | | | | | | | | | |
| SIGNATURE Signature (your or printer layer of repistered agent and tille if applicable. (NOTE Registered Agent arginature required when remetal rig) DATE | | | | | | | | | | |
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Indeptor certify that the information supplied with his filling does not quality 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 607, 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;