2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P04000172559

Entity Name: AMERICAN LEISURE EQUITIES CORPORATION

Current Principal Place of Business:

2460 SAND LAKE ROAD
ORLANDO, FL 32809

New Principal Place of Business:

47107 HIGHWAY 27
DAVENPORT, FL 33897

Current Mailing Address:

2460 SAND LAKE ROAD
ORLANDO, FL 32809

New Mailing Address:

47107 HIGHWAY 27
DAVENPORT, FL 33897

FEI Number: 20-2062258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA, LLC
CORP CENTER THREE AT INTERNATIONAL PLAZA
4221 W. BOY SCOUT BLVD., 10TH FLOOR
TAMPA, FL 336075736 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: WRIGHT, MALCOLM
Address: 2460 SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32809

Title: VP (X) Delete
Name: WRIGHT, MALCOM J
Address: 2460 SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32837

Title: SEC (X) Delete
Name: CROSBIE, MICHAEL D
Address: 2460 SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: OMAR, JIMENEZ
Address: 47107 HIGHWAY 27
City-St-Zip: DAVENPORT, FL 33897

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: OMAR JIMENEZ PD 02/06/2009

Electronic Signature of Signing Officer or Director — Date