


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90177 033 ***150.00

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| DOCUMENT # P06000129549 |  |
| 1. Entity Name LIBERTY LEASING SERVICES, INC. | |

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| Principal Place of Business 5034 CAMBERLEY LANE OLDSMAR, FL 34677 US | Mailing Address 5034 CAMBERLEY LANE OLDSMAR, FL 34677 US |
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40060042



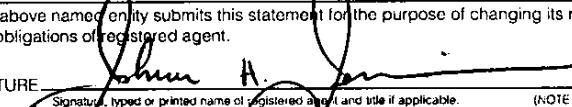
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| 2. Principal Place of Business - No P.O. Box # 14701 CANOPY DRIVE | 3. Mailing Address "SAME" |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State TAMPA, FL | City & State TAMPA, FL |
| Zip 33626 | Country USA |

03052007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 65-1294610 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent LINDHOLM, REG 5034 CAMBERLEY LANE OLDSMAR, FL 34677 | 7. Name and Address of New Registered Agent Name Joshua H. Jermaine Street Address (P.O. Box Number is Not Acceptable) 14701 CANOPY DRIVE City TAMPA FL Zip Code 33626 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

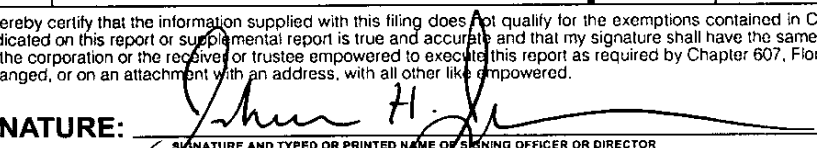
SIGNATURE  DATE **4/10/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|--|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D LINDHOLM, REG 5034 CAMBERLEY LANE OLDSMAR, FL 34677 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LINDHOLM, REG 5034 CAMBERLEY LANE OLDSMAR, FL 34677 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D JERMAINE, JOSHUA 1905 GLEN LAKES CIRCLE N ST. PETERSBURG, FL 33702 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JERMAINE, JOSHUA 1905 GLEN LAKES CIRCLE N ST. PETERSBURG, FL 33702 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify 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:  DATE **4/10/07 (813) 926-4848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR