
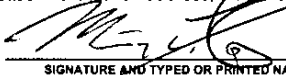


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90039 040 \*\*\*150.00

<b>DOCUMENT # P38525</b> 1. Entity Name <b>EVERGREEN EQUIPMENT AND PERSONNEL LEASING, INC.</b>					
Principal Place of Business <b>ONE ENTERPRISE DR F2B ALISO VIEJO, CA 92656</b>			Mailing Address <b>ONE ENTERPRISE DR F2B ALISO VIEJO, CA 92656</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>05-0451922</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAMARA, ROBERT A ONE ENTERPRISE DR ALISO VIEJO, CA 92656	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT S.B. DOBBS ONE ENTERPRISE DRIVE ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARANCI, CHARLES L ONE ENTERPRISE DR ALISO VIEJO, CA 92656	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY L.N. FISHER ONE ENTERPRISE DRIVE ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FISHER, LAWRENCE N ONE ENTERPRISE DR ALISO VIEJO, CA 92656	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT J.M. OLIVA ONE ENTERPRISE DRIVE ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST TSENG, MIN C ONE ENTERPRISE DR ALISO VIEJO, CA 92656	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR S.B. DOBBS ONE ENTERPRISE DRIVE ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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.					
<b>SIGNATURE:</b> 			<b>MIN TSENG</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/11/2006</b> Daytime Phone # <b>(949) 349-7201</b>		