2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P93000023869 04-25-2007 90193 005 ***158.75 1. Entity Name PARK LEASING, INC. 40001616 Principal Place of Business Mailing Address 18745 SOUTHEAST FEDERAL HIGHWAY 18745 SOUTHEAST FEDERAL HIGHWAY TEQUESTA, FL 33469 US TEQUESTA, FL 33469 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 416 Clematis 416 Clematis St Suite, Apt. #, etc 02202007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State Palm Beach, Fi 65-0399271 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUBENFELD, DAREN L 18745 SOUTHEAST FEDERAL HIGHWAY TEQUESTA, FL 33469 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 the obligations of registered agent. SIGNATURE Signature, lyped or pri ame of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete TITLE NAME MILLER, ROBERT L NAME 416 Clematis St West Palm Beach, FL 18745 SOUTHEAST FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEQUESTA, FL ☐ Defete TITLE TITLE AUSTIN, CHRISTOPHER acmatis St NAME NAME 18745 SOUTHEAST FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS Palm Beach, Fi CITY-ST-ZIP TEQUESTA, FL CITY-ST-ZIP VP TITLE TITLE ☐ Delete RUBENFELD, DAREN NAME NAME 416 clematis St 18745 SOUTHEAST FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS west Palm Beach CITY-ST-7IP TEQUESTA, FL 33469 CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP 12. Thereby 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.

FILED

Daytime Phone