2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 08:00 Al Secretary of State **DOCUMENT # P93000043395** 1. Entity Name MGI LEASING, INC. Principal Place of Business Mailing Address 1205 NE COUNTY RD 219A 1700 13TH STREET STE 1 STE 1 SAINT CLOUD, FL 34769 HAWTHORNE, FL 32640 No Chg-P CR2E034 (11/05) 04152008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3190829 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARPENTER, CONNIE C DO NOT WRITE 1205 NE COUNTY RD 219A HAWTHORNE, FL 32640 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 04/28/08-80030-016 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD TITLE CARPENTER, CONNIE C NAME STREET ADDRESS 2540 HICKORY TREE ROAD CHY-ST-ZIP SAINT CLOUD, FL 34772 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone *

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

CITY-ST-ZIP