## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000070898

Entity Name: LSL MANAGEMENT AND LEASING, INC.

CAPE CANAVERAL, FL 32920

City-St-Zip:

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1725 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32953				1725 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952		
Current Mailing Address:				New Mailing Address:		
P.O. BOX 1124 MERRITT ISLAND, FL 329541124				P.O. BOX 541124 MERRITT ISLAND, FL 329541124		
FEI Number: 59-3203400 FEI Number Applied For ( ) FEI N		FEI Numbe	er Not Applicable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	I OURTENAY PI ISLAND, FL 3					
	named entity see of Florida.	submits this statement for the p	ourpose of c	hanging its registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			А	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ) LEIX, RON 1217 S EUCLIE BAY CITY, MI		Na Ad	tle: ame: ddress: tty-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	T ( ) LIAN, TECK 624 MANATEE	Delete	Na	tle: ame: ddress:	( ) Change ( ) Addition	

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: RON LEIX P 02/25/2009