

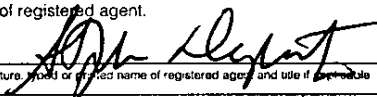
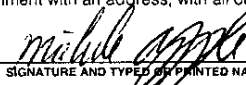


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90082 005 \*\*\*150.00

<b>DOCUMENT # P98000017174</b> 1. Entity Name <b>LEASING TECHNOLOGY, INC.</b>					
Principal Place of Business <del>4750 E. SUNRISE BLVD.</del> <del>FT. LAUDERDALE, FL 33304</del>				Mailing Address <del>ATTN: PAM WEINER</del> <del>1750 E. SUNRISE BLVD.</del> <del>FT. LAUDERDALE, FL 33304</del>	
2. Principal Place of Business <b>2100 West Cypress Creek Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2100 West Cypress Creek Rd.</b> Suite, Apt. #, etc.		<b>40078446</b> 	
City & State <b>Fort Lauderdale, FL</b> Zip <b>33309</b> Country		City & State <b>Fort Lauderdale, FL</b> Zip <b>33309</b> Country		4. FEI Number <b>59-2010247</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>DAUGHERTY, ST. JOHN</b> <del>4750 EAST SUNRISE BLVD</del> <del>FORT LAUDERDALE, FL 33304</del>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2100 West Cypress Creek Road</b> City <b>Fort Lauderdale, FL</b> Zip Code <b>33309</b>		
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  <b>St. John Daugherty</b> <b>4/26/05</b> DATE <small>Signature, word or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, MARCIA <del>4750 EAST SUNRISE BLVD</del> <del>FT LAUDERDALE, FL 33304</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2100 West Cypress Creek Road Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABER, WILLIAM 1750 EAST SUNRISE BLVD FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mindling, Jeff 2100 West Cypress Creek Road Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS APPLE, MICHELE <del>1750 EAST SUNRISE BLVD</del> <del>FT LAUDERDALE, FL 33304</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2100 West Cypress Creek Road Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVAN, ALAN B <del>1750 EAST SUNRISE BLVD</del> FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2100 West Cypress Creek Road Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCLUNG, JAY C <del>1750 EAST SUNRISE BLVD</del> FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2100 West Cypress Creek Road Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>Michele Apple, Vice President</b> <b>4/21/05</b> <b>954-760-5000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					