2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096980

Entity Name: LEMRA LEASING, INC.

FILED Mar 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3446 S.W. ARMELLINI AVE. PALM CITY, FL 34990 **Current Mailing Address: New Mailing Address:** 3446 S.W. ARMELLINI AVE. PALM CITY, FL 34990 FEI Number: 65-0876668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NICHOLASON, JOHN J 3446 S.W. ARMELLINI AVE. PALM CITY, FL 34990 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ARMELLINI, RICHARD ARMELLINI, RICHARD Name: Name: 5420 VIA OLAS 3446 SW ARMELLINI AVENUE Address: Address: City-St-Zip: NEWBURY PARK, CA 91320 City-St-Zip: PALM CITY, FL 34990 Title: (X) Change () Addition Title: () Delete NICHOLASON, JOHN J DUSHAM, JUDITH Name: Name: 1230 S.W. DYER POINT ROAD 3446 SW ARMELLINI AVENUE Address: Address: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: (X) Change () Addition Title: () Delete ARMELLINI, DAVID ARMELLINI, DAVID Name: Name: 611 NW SUNSET DR 3446 SW ARMELLINI AVENUE Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: PALM CITY, FL 34990 Title: () Delete Title: (X) Change () Addition NICHOLASON, JOHN J DUSHARM, JUDITH R Name: Name: Address: 1149 S.W. HOGAN STREET Address: 3446 SW ARMELLINI AVENUE City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: PALM CITY, FL 34990 Title: Title: (X) Change () Addition () Delete ARMELLINI, STEPHEN ARMELLINI, STEPHEN Name: Name: 10510 PARIS STREET Address: 3446 SW ARMELLINI AVENUE Address: PALM CITY, FL 34990 City-St-Zip: COOPER CITY, FL 33026 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: JOHN J NICHOLASON STD 03/13/2009