2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2007 08:00 A Secretary of State

ANNUAL REPURI		
DOCUMENT # P98000100938 1. Entity Name CAPITAL LEASING, INC.		
Principal Place of Business	Mailing Address	
1008 ROYAL ABERDEEN WAY	1008 ROYAL ABERDEEN WAY	

ORLANDO, FL 32828 ORLANDO, FL 32828 US CR2E034 (11/05) 01042007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3547294 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAILEY, JAMES DO NOT WRITE 1008 ROYAL ABERDEEN WAY ORLANDO, FL 32828 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD ml£ BAILEY, JAMES NAME STREET ADDRESS 1008 ROYAL ABERDEEN WAY ORLANDO, FL 32828 CITY-ST-ZIP U00000640287 02/28/07-80060-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE: 1 NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2

407-382-9733

Daytime Phone #