2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000070409

Title:

Name:

Address:

City-St-Zip:

TRES

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ARTHUR, GEORGE P

20341 COZUMEL CT

BOCA RATON, FL 33498

FILED Apr 01, 2008 Secretary of State

Entity Nan	ne: ANTHON	IY LEASII	NG, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
	ERAL HWY BEACH, FL	33062						
Current Mailing Address:				New Mai	New Mailing Address:			
	ERAL HWY BEACH, FL	33304						
FEI Number:	52-2185053	FEI Nur	nber Applied For()	FEI Number Not Ap	plicable ()	Certificate of Status Desi	ired()	
Name and Address of Current Registered Agent:				Name an	Name and Address of New Registered Agent:			
940 S. FED	ROBERT F ERAL HWY BEACH, FL	33062	US					
The above in the State		submits t	his statement for the pu	urpose of changing	its registered o	office or registered agen	it, or both,	
SIGNATUR								
	Electror	nic Signat	ture of Registered Agei	nt		Date		
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () ANTHONY, RAY 940 S. FEDERA POMPANO BEA	AL HWY	3062	Title: Name: Address: City-St-Zip:	`) Change ()Addition		
Title: Name: Address: City-St-Zip:	CEO () ANTHONY, RAY 2 ALLEGHENY WEST MIFFLIN	CO. AIRPO		Title: Name: Address: City-St-Zip:	ANTHONY, RA 2 ALLEGHENY	CO. AIRPORT		
Title: Name: Address: City-St-Zip:	SEC () ANTHONY, NAT 2 ALLEGHENY WEST MIFFLIN	CO. AIRPO	ORT	Title: Name: Address: City-St-Zip:	`) Change ()Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE P. ARTHUR TRES 04/01/2008

() Change () Addition