

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108135

Entity Name: GMRI LEASING, INC.

FILED
Feb 13, 2007
Secretary of State

Current Principal Place of Business:

5900 LAKE ELLENOR DR
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

5900 LAKE ELLENOR DR
CORP TAX DEPT
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 36-4336393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD., STE. 221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: HARRIGAN, PATRICK
Address: 6100 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

Title: VP () Delete
Name: SHIVES, PAULA J
Address: 5900 LAKE ELLENOR DR.
City-St-Zip: ORLANDO, FL 32809

Title: S () Delete
Name: WENTZ, DOUGLAS E
Address: 6000 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

Title: T () Delete
Name: WHITE, WILLIAM R III
Address: 6100 LAKE ELLENOR DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: AT () Delete
Name: WALKER, ANTHONY
Address: 6100 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK HARRIGAN

PD

02/13/2007

Electronic Signature of Signing Officer or Director

_____ Date