

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90062 007 ***150.00

DOCUMENT # S65042 1. Entity Name NATIONAL SALES LEASING, INC.			
Principal Place of Business 6507 S ORANGE AVE ORLANDO, FL 32809 US		Mailing Address PO BOX 187 HAINES CITY, FL 33845-0187 US	
2. Principal Place of Business 924 ROBERTS ROAD Suite, Apt. #, etc. #64 City & State LAKE HAMILTON, FL Zip 33851		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3078658		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SULLIVAN, MICHAEL F. 9550 W LAKE MARION RD HAINES CITY, FL 33844		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SULLIVAN, MICHAEL F. 9550 W LAKE MARION RD HAINES CITY, FL 33844	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SULLIVAN, MICHAEL F. 9550 W LAKE MARION RD HAINES CITY, FL 33844	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAIRD, ERIN 9550 W LAKE MARION RD HAINES CITY, FL 33844	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Erin Laird</i>		2-13-06 863-287-0918	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	