2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

HE AND TYPED OR PRINTED NAME OF SIGNING OFF

Apr 02, 2007 8:00 am Secretary of State DOCUMENT # V52950 1. Entity Name 04-02-2007 90100 032 ***150.00 ATLANTIC BUS LEASING, INC. Principal Place of Business Mailing Address 548 S DIXIE HWY. E. 548 S DIXIE HWY. E. POMPANO BCH. FL 33060 POMPANO BCH, FL 33060 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0349639 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Richard Yusem MAHONEY, RICHARD C. 371 WOODLAKE LANE Street Address (P.O. Box Number is Not Acceptable) 389 Oregon Lane DEERFIELD BCH, FL 33442 City Zig S9487 Boca Raton 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. the obligations of registered KICHARD SIGNATURE or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DITLE TITLE Delete Change Addition MAHONEY, RICHARD C Yusem, Richard NAME NAME 548 S DIXIE HWY 389 Oregon Lane STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-SI-ZIP Boca Raton, Fl. 33487 CITY ST-ZIP DILLE X Delete TATLE Change Addition MAHONEY, ROBERT H NAME NAME 279 DEERBREEZE BLVD STREET ADDRESS STREET ADORESS DEERFIELD BEACH FL 33442 CITY - ST- /IP CHY ST ZIP DHE ☐ Delele TITLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY - SI - ZIP CITY ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST 7tP TITLE ☐ Delete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHIY-SI-ZIP CRY ST-ZIP HILE ☐ Delete DHE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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 address, with all other like empowered.

FILED

954-941-7722