2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # V62196 Apr 11, 2007 08:00 A Secretary of State 1. Entity Name C.P.A. RENTAL, INC. Principal Place of Business Mailing Address 2929 SOUTH FEDERAL HIGHWAY 2929 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316 CR2E034 (11/05) 01302007 No Chq-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0353309 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent D'ESPIES, KEVIN J DO NOT WRITE 888 E. LAS OLAS BLVD. #720 IN THIS SPACE FORT LAUDERDALE, FL 33316 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BLAIR, JAMES H. STREET ADDRESS 2929 SOUTH FEDERAL HWY CITY-ST-ZIP FORT LAUDERDALE, FL 33316 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE 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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IA MEC

BLAIR

954-524-9333