2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2008 08:00 Al Secretary of State

DOCUMENT # 404235 1. Entity Name CRUISE AMERICA, INC.							
Principal Place of Business	Mailing Address						
11 W HAMPTON AVE	11 W HAMPTON AVE						
MESA A7 85210 US	MESA AZ 85210 US						

		11 W HAMPTON AVE MESA, AZ 85210 US						
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. 4	O MOI MAKILE	IN THIS SEA		4. FEI Numb 59-140		. Applied Fo		
	•	i v	,		of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current Re	gistered Agent			3e ,	·		
1201 HAY	NTICE-HALL CORPORATION SY S ST SSEE, FL 32301	STEM ,INC			NOT WE		-	
	named entity submits this statement for thions of registered agent.	ne purpose of changing its registe	red office or regi	stered agent, or bo	th, in the State of Flori	da. I am familiar with, and acc	ept	
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Register	ed Agant signátura raqu	ured when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution	,	55.00 May Be Added to Fees				
10.	OFFICERS AND DI	RECTORS		45 Ag 400				
TITLE NAME	DP SMALLEY, ROBERT A COO					The second second		
STREET ADDRESS CITY-ST-ZIP	11 W HAMPTON AVE MESA, AZ 85210							
TITLE	VPST				" 0000007 " 0177700_0	'87186 '0071-025 150.00		
NAME STREET ADDRESS	BENSEN, ERIC R CFO 11 W HAMPTON AVE				01911/00-0	0011 050 100.00		
CITY-ST-ZIP	MESA, AZ 85210			Subject to the state of				
TITLE	DC		1		*	•	l	
NAME STREET ADDRESS	SMALLEY, RANDALL S CEO			50		المراجع		
CITY-ST-ZIP	MESA, AZ 85210	u.			NOT WI			
TITLE NAME			١٠.	IN	THIS SP	ACE	Ì	
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CITY-ST-ZiP				Marin State	The second second	conting , en		
TITLE NAME				. , ,		ter te projection		
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CITY-ST-ZIP THLE			-	A 14	and the second			
NAME			`,					
STREET ADDRESS CITY-ST-ZIP					Philipping Charles	rystes Brasile in the Charles in the		
	certify that the information supplied with the	is filing does not qualify for the ex	amptions contain	and in Chanter 110	Florida Statutos I fu	erhoe positive that the information		

I nereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08

480-464-7300

Daylima Phorie #