


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # 858146 1. Entity Name NEW ENGLAND DETROIT DIESEL-ALLISON, INC.	
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Principal Place of Business 90 BAY STATE RD WAKEFIELD, MA 01880 US	Mailing Address 90 BAY STATE RD WAKEFIELD, MA 01880 US
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01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2537148	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIEF, FRANK J III 111 MADISON STREET TAMPA, FL 33601

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000825389 02/21/08-80008-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KNOPF, CHARLES E JR 6680 HARBOR CIRCLE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KNOPF, JOHN M 232 LARCH ROW WENHAM, MA 01984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MANNING, JEFFREY P 90 BAY STATE RD WAKEFIELD, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **February 11, 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #