2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2006 8:00 am Secretary of State DOCUMENT # F02000001721 1. Entity Name 04-07-2006 90039 016 ***150.00 NORTH AMERICAN BUS INDUSTRIES INC. Principal Place of Business Mailing Address 106 NATIONAL DRIVE ANNISTON AL 36207 106 NATIONAL DRIVE ANNISTON AL 36207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 52-1792099 Not Applicable Zip Zip Country 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 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 Signature, typed or preited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE CEO Change ★ Addition Robert Shaughnessy NAME RACZ, ANDRAS NAME 3510 Turtle Creek Blvd. #40 STREET ADDRESS 11-1163 BUDAPEST, XVI, UJSZASZ U. 45 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUNGERY Dallas TX 75219 VPD Delete TITLE ☐ Change ☐ Addition TITLE CORYELL, BILL NAME NAME STREET ADDRESS STREET ADDRESS 20350 VENTURA BLVD SUITE 205 CITY-ST-ZIP WOODLAND HILLS CA CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME GARDNER, LISA NAME STREET ADDRESS STREET ADDRESS 106 NATIONAL DRIVE CITY-ST-ZIP CITY-ST-ZIP ANNISTON AL 36207 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

CITY-ST-ZIP

SIGNATURE: