2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# F06000006156

Entity Name: FEATHERLITE COACHES, INC.

Current Principal Place of Business:

4441 ORANGE BLVD
SANFORD, FL 32771

New Principal Place of Business:

1601 DOLGNER PLACE
SANFORD, FL 32771

Current Mailing Address:

4441 ORANGE BLVD
SANFORD, FL 32771

New Mailing Address:

1601 DOLGNER PLACE
SANFORD, FL 32771

FEI Number: 20-4985526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOOLEY, JAMES S
4441 ORANGE BLVD
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

WOOLEY, JAMES S
1601 DOLGNER PLACE
SANFORD, FL 32771 US

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.

SIGNATURE: _____ 05/15/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: CLEMENT, CONRAD D
Address: 4441 ORANGE BLVD
City-St-Zip: SANFORD, FL 32771

Title: VCVP ( ) Delete
Name: CLEMENT, TRACY
Address: RR 1 BOX 174
City-St-Zip: SPRING VALLEY, MN 55975

Title: S ( ) Delete
Name: CLEMENT, TRACY
Address: RR 1 BOX 174
City-St-Zip: SPRING VALLEY, MN 55975

Title: DT ( ) Delete
Name: MILLER, JOSHUA C
Address: 101 CONVENTION CENTER DRIVE, STE. 850
City-St-Zip: LAS VEGAS, NV 89109

Title: D (X) Delete
Name: TAYLOR, TERRANCE N
Address: 3108 CENTRAL DRIVE
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: CLEMENT, CONRAD D
Address: 1601 DOLGNER PLACE
City-St-Zip: SANFORD, FL 32771

Title: DIR (X) Change ( ) Addition
Name: CLEMENT, TRACY
Address: RR 1 BOX 174
City-St-Zip: SPRING VALLEY, MN 55975

Title: DIR (X) Change ( ) Addition
Name: CLEMENT, TRACY
Address: RR 1 BOX 174
City-St-Zip: SPRING VALLEY, MN 55975

Title: DIR (X) Change ( ) Addition
Name: MILLER, JOSHUA C
Address: 101 CONVENTION CENTER DRIVE, STE. 850
City-St-Zip: LAS VEGAS, NV 89109

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONRAD D. CLEMENT DIR 05/15/2008
Electronic Signature of Signing Officer or Director — Date