2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000006156

Entity Name: FEATHERLITE COACHES, INC.

FILED May 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1601 DOLGNER PLACE SANFORD, FL 32771 **Current Mailing Address: 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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOOLEY, JAMES S 1601 DOLGNER PLACE SANFORD, FL 32771 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CLEMENT, CONRAD D Name: Name: 1601 DOLGNER PLACE Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: DIR Title: () Delete () Change () Addition Name: CLEMENT, TRACY Name: RR 1 BOX 174 Address: Address: SPRING VALLEY, MN 55975 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition DIR () Delete DIR CLEMENT, TRACY MILLER, JOSHUA C Name: Name: RR 1 BOX 174 101 CONVENTION CENTER DR STE 850 Address: Address: City-St-Zip: SPRING VALLEY, MN 55975 City-St-Zip: LAS VEGAS, NV 89109 Title: DIR () Delete Title: **TREA** (X) Change () Addition MILLER, JOSHUA C MILLER, JOSHUA C Name: Name: Address: 101 CONVENTION CENTER DRIVE, STE. 850 Address: 101 CONVENTION CENTER DRIVE, STE. 850 City-St-Zip: LAS VEGAS, NV 89109 City-St-Zip: LAS VEGAS, NV 89109 Title: Title: PRES () Change (X) Addition () Delete Name: Name: WOOLEY, JAMES S Address: 1601 DOLGNER PLACE Address: City-St-Zip: City-St-Zip: SANFORD, FL 32771 Title: () Delete Title: **VPSE** () Change (X) Addition CLEMENT, TRACY J Name: Name: Address: Address: 1601 DOLGNER PLACE City-St-Zip: City-St-Zip: SANFORD, FL 32771

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 05/19/2008