2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008
Secretary of State

DOCUMENT# F07000003612

Entity Name: IDLEAIRE TECHNOLOGIES CORPORATION

Current Principal Place of Business:

410 N. CEDAR BLUFF RD., STE. 200
KNOXVILLE, TN 37923

New Principal Place of Business:

Current Mailing Address:

410 N. CEDAR BLUFF RD., STE. 200
KNOXVILLE, TN 37923

New Mailing Address:

FEI Number: 62-1829384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: CRABTREE, MICHAEL C.
Address: 410 N. CEDAR BLUFF RD., STE. 200
City-St-Zip: KNOXVILLE, TN 37923

Title: COO ( ) Delete
Name: YOUNGS, LYNN R.
Address: 410 N. CEDAR BLUFF RD., STE. 200
City-St-Zip: KNOXVILLE, TN 37923

Title: SVD ( ) Delete
Name: PRICE, JAMES H.
Address: 410 N. CEDAR BLUFF RD., STE. 200
City-St-Zip: KNOXVILLE, TN 37923

Title: SCO ( ) Delete
Name: BADGETT, J. THOMAS
Address: 410 N. CEDAR BLUFF RD., STE. 200
City-St-Zip: KNOXVILLE, TN 37923

Title: TCFO ( ) Delete
Name: BOYD, PAUL W.
Address: 410 N. CEDAR BLUFF RD., STE. 200
City-St-Zip: KNOXVILLE, TN 37923

Title: D ( ) Delete
Name: EVERHART, DAVID G.
Address: 410 N. CEDAR BLUFF RD., STE. 200
City-St-Zip: KNOXVILLE, TN 37923

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SCO (X) Change ( ) Addition
Name: PRICE, JAMES H
Address: 410 N. CEDAR BLUFF RD., STE. 200
City-St-Zip: KNOXVILLE, TN 37923

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

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: K. PAUL LAPIER DCT 05/30/2008

Electronic Signature of Signing Officer or Director — Date