


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000000233

1. Entity Name
 NEXTRAIL OF AMERICA, INC.



Principal Place of Business
 P.O. BOX 100370
 CAPE CORAL, FL 33910 US

Mailing Address
 P.O. BOX 100370
 CAPE CORAL, FL 33910 US

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
 48-0614277

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, GARY L
 1423 SW 53RD LANE
 CAPE CORAL, FL 33914

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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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1030000504374
 04/26/06-80068-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP JOHNSON, GARY L 1423 SW 53RD LANE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CV ROELOFS, BEVERLY 4509 NICKLAUS LAWRENCE, KS 66047
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JOHNSON, JUDI EDWARDS 1423 SW 53RD LANE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Judi Johnson Judi Johnson, ST 4-4-06 239-945-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #