


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000000233
 1. Entity Name
 NEXTRAIL OF AMERICA, INC.



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

DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 48-0614277 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	JOHNSON, GARY L
STREET ADDRESS	1423 SW 53RD LANE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	CV
NAME	ROELOFS, BEVERLY
STREET ADDRESS	4608 NICKLAUS
CITY-ST-ZIP	LAWRENCE, KS 66047
TITLE	ST
NAME	JOHNSON, JUDI EDWARDS
STREET ADDRESS	1423 SW 53RD LANE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/30/07 80691-005 150.00

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 E. Johnson Judi E. Johnson 4-17-07 239-945-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #