


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000000233</b> 1. Entity Name <b>NEXTRAIL OF AMERICA, INC.</b>	
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Principal Place of Business <b>P.O. BOX 100370</b> <b>CAPE CORAL, FL 33910 US</b>	Mailing Address <b>P.O. BOX 100370</b> <b>CAPE CORAL, FL 33910 US</b>
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03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>48-0614277</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

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

U000000319358  
05/13/08-80118-022 150.00

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	4509 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	

DO NOT WRITE  
IN THIS SPACE

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, Sec-treas** 239-945-1660  
4-21-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #