

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000233

FILED
Apr 29, 2009
Secretary of State

Entity Name: NEXTRAIL OF AMERICA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1423 SW 53RD LANE
CAPE CORAL, FL 33914 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 48-0614277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOHNSON, JUDI E
1423 SW 53RD LANE
CAPE CORAL, FL 33914 US

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: JUDI E. JOHNSON

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: JOHNSON, GARY L
Address: 1423 SW 53RD LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: CV () Delete
Name: ROELOFS, BEVERLY
Address: 4509 NICKLAUS
City-St-Zip: LAWRENCE, KS 66047

Title: ST () Delete
Name: JOHNSON, JUDI EDWARDS
Address: 1423 SW 53RD LANE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: JOHNSON, JUDI E
Address: 1423 SW 53RD LANE
City-St-Zip: CAPE CORAL, FL 33914

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: JUDI EDWARDS JOHNSON

ST

04/29/2009

Electronic Signature of Signing Officer or Director

Date