## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G43245

FILED Apr 03, 2008 Secretary of State

Entity Nai	me: DIESELS	SPECIALISTS, INC.				
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
	HINE LANE ITE SPRINGS,	FL 32714				
Current Mailing Address:			New Mailing Address	New Mailing Address:		
	HINE LANE ITE SPRINGS,	FL 32714				
FEI Number:	: 59-2294865	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)		
Name and	Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:		
HOEPKER, TODD ESQ 390 N. ORANGE AVE. SUITE 1800 ORLANDO, FL 32801 US			390 N. ORÁNGE AVE. SUITE 2600			
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,		
SIGNATU	RE: TODD H	DEPKER		04/03/2008		
	Electror	nic Signature of Registered Age	nt	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( LINCOLN, BOR 5222 SAILWIN ORLANDO, FL	D CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SD ( LINCOLN, KUR 5222 SAILWIN ORLANDO, FL	D CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SD ( LINCOLN, DAV 5222 SAILWIN ORLANDO, FL	D CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VD ( LINCOLN, JAM 5222 SAILWIN ORLANDO, FL	D CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title:	D (	) Delete	Title:	() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE:	DON LINCOLN	D	04/03/2008

LINCOLN, DON

City-St-Zip: ORLANDO, FL 32810

5222 SAILWIND CIRCLE

Name:

Address: