2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# N06916

Entity Name: NATIONAL ASSOCIATION OF OWNER-OPERATORS, INC.

Current Principal Place of Business:

200NOKOMIS AVENUE, SOUTH
4TH FLOOR
VENICE, FL 34285

New Principal Place of Business:

200 NOKOMIS AVENUE, SOUTH
4TH FLOOR
VENICE, FL 34285

Current Mailing Address:

200NOKOMIS AVENUE, SOUTH
4TH FLOOR
VENICE, FL 34285

New Mailing Address:

200 NOKOMIS AVENUE, SOUTH
4TH FLOOR
VENICE, FL 34285

FEI Number: 59-2693578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, EDMUND B III
442 WEST GATE DRIVE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CAMPBELL, EDMUND B JR.
Address: 951 INLET CIRCLE
City-St-Zip: VENICE, FL 34285

Title: V ( ) Delete
Name: CAMPBELL, EDMUND B III
Address: 442 WEST GATE DRIVE
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: FORTURA, DONNA
Address: 1225 OAKVIEW DR
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FORTUNA, DONNA
Address: 5320 CREEKSIDE TRAIL
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L. FORTUNA D 01/04/2006

Electronic Signature of Signing Officer or Director — Date