2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06331

FILED Apr 13, 2007 Secretary of State

Entity Na	me: NELSON	REFRIGERATION, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
12110 CAF SUITE 6	RY CIRCLE					
LAVISTA,	NE 68128					
Current Mailing Address:			New Maili	New Mailing Address:		
	CHARLES ROO ON, MO 63044					
FEI Number: 47-0578102 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()				
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
1200 S. PI PLANTATI	PORATION SYS NE ISLAND RC ION, FL 33324	AD US				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,		
SIGNATU	RE:					
	Electroni	c Signature of Registered Age	ent	Date		
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCEO () HAWLEY, STEV 12999 ST CHAR BRIDGETON, M	LES ROCK RD	Title: Name: Address: City-St-Zip:	PCEO (X) Change () Addition SHAWLEY, STEVE R 12999 ST CHARLES ROCK RD BRIDGETON, MO 63044		
Title: Name: Address: City-St-Zip:	VPF () BLASE, MARIA 12999 ST CHAR BRIDGETON, M	LES ROCK RD	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	VD () HELLER, RON 12999 ST CHAR BRIDGETON, M		Title: Name: Address: City-St-Zip:	S/D (X) Change () Addition SANTORO, BARBARA A 12999 ST CHARLES ROCK RD BRIDGETON, MO 63044		
Title: Name: Address: City-St-Zip:	VP () GIALOURIO, IO/ 12999 ST CHAR BRIDGETON, M	LES ROCK RD	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition GIALOURIS, IOANNIS 12999 ST CHARLES ROCK RD BRIDGETON, MO 63044		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VPAS () Change (X) Addition HOSTETLER, BRIAN J 12999 ST. CHARLES ROCK ROAD BRIDGETON, MO 63044		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN J HOSTETLER **VPAS** 04/13/2007