2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000134269

Current Principal Place of Business:

Name:

Title:

Name: Address:

City-St-Zip:

City-St-Zip:

Address: City-St-Zip:

Entity Name: NATIONAL SEMI-TRAILER CORP.

FILED Feb 19, 2008 Secretary of State

New Principal Place of Business:

7208 SAND LAKE ROAD #202 ORLANDO, FL 32819				7208 SAND LAKE RD SUITE 202 ORLANDO, FL 32819			
Current Mailing Address:				New Mailing Address:			
7208 SAND LAKE ROAD #202 ORLANDO, FL 32819				7208 SAND LAKE RD SUITE 202 ORLANDO, FL 32819			
FEI Number:	38-2148290	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HAGGARD, GUY S 301 E PINE STREET SUITE 1400 ORLANDO, FL 32801 US				C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 US			
The above in the State		ubmits this statement for the pu	rpose o	f changing it	s registere	ed office or registered agent, or both,	
SIGNATURE: BARBARA A. BURKE, SPEC. ASST. SECRETAR				RY 02/19/2008			
	Electroni	c Signature of Registered Agen	t			Date	
Election Cam	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BRONLEY, RAN 7208 SAND LAK ORLANDO, FL	E ROAD #202		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	7208 SAND ORLANDO, PSD BROMLEY,	() Change (X) Addition JOE C II LAKE RD SUITE 202	
Title:	()	Delete		Title:	CFOD	() Change (X) Addition	

Title: Title: () Change (X) Addition () Delete SCHUSTER, MATT A Name: Name: Address: Address: 5766 GEDDES ROAD City-St-Zip: City-St-Zip: ANN ARBOR, MI 48105 Title: Title: () Delete () Change (X) Addition GROOVER, CLARAMARGARET H Name: Name: PO BOX 547713 Address: Address:

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:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Address:

City-St-Zip:

TYRA, DONNY

ORLANDO, FL 32819

ANDERSON, SUZANNE

SARASOTA, FL 34239

ORLANDO, FL 32854

2311 TANGLEWOOD DRIVE

7208 SAND LAKE RD SUITE 202

() Change (X) Addition

SIGNATURE:	DONNY TYRA	CFO	02/19/2008

() Delete