
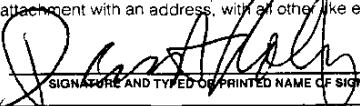


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90093 048 \*\*\*158.75

<b>DOCUMENT # P95000061770</b> 1. Entity Name <b>NATIONAL COAL CORP.</b>					
Principal Place of Business <b>8915 GEORGE WILLIAMS ROAD KNOXVILLE, TN 37923</b>			Mailing Address <b>8915 GEORGE WILLIAMS ROAD KNOXVILLE, TN 37923</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0601272</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LITTMAN, SHERLOCK &amp; HYMES 618 E OCEAN BLVD #5 STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC NIX, JON 8915 GEORGE WILLIAMS ROAD KNOXVILLE, TN 37923	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		Director/Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jon E. Nix 8915 George Williams Road Knoxville, Tennessee 37923</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, KEN 8915 GEORGE WILLIAMS ROAD KNOXVILLE, TN 37923	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		CEO/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Daniel A. Roling 8915 George Williams Road Knoxville, Tn 37923</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILSTRUP, SCOTT 8915 GEORGE WILLIAMS ROAD KNOXVILLE, TN 37923	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gerald Malys 8915 George Williams Road Knoxville, Tennessee 37923</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINLEIN, ROBERT 8915 GEORGE WILLIAMS ROAD KNOXVILLE, TN 37923	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, TIMOTHY M 8915 GEORGE WILLIAMS RD KNOXVILLE, TN 37923	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		<b>Daniel A. Roling</b>		<b>2/9/2007</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

40014577



01032007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

FL