2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004488

Entity Name: HI-PLEX AVIATION INC.

FILED Jan 17, 2007 Secretary of State

Entity Name: HI-PLEX AVIATION INC.	
Current Principal Place of Business:	New Principal Place of Business:
3719 WALTHALL RD CRESTVIEW, FL 32539	2640 PADDOCK CIRCLE CRESTVIEW, FL 32536
Current Mailing Address:	New Mailing Address:
3719 WALTHALL RD CRESTVIEW, FL 32539	2640 PADDOCK CIRCLE CRESTVIEW, FL 32536
FEI Number: 30-0027933 FEI Number Applied For () FEI Number	nber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
WALTHALL, DAVID 3719 WALTHALL RD CRESTVIEW, FL 32539 US	WALTHALL, DAVID 2640 PADDOCK CIRCLE CRESTVIEW, FL 32536 US
The above named entity submits this statement for the purpose of in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE:	01/17/2007
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: DP () Delete Name: WALTHALL, DAVID Address: 3719 WALTHALL RD City-St-Zip: CRESTVIEW, FL 32539	Title: DP (X) Change () Addition Name: WALTHALL, DAVID Address: 2640 PADDOCK CIRCLE City-St-Zip: CRESTVIEW, FL 32536
Title: D () Delete Name: WALTHALL, JOHN Address: 6716 TIM TAM TRAIL City-St-Zip: TALLAHASSEE, FL 32308	Title: () Change () Addition Name: Address: City-St-Zip:
Title: D () Delete Name: WALTHALL, CHUCK Address: 200 SWIFT CREEK DR City-St-Zip: CANTONMENT, FL 32533	Title: () Change () Addition Name: Address: City-St-Zip:

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: DAVID WALTHALL DP	01/17/2007
DIGNATURE. DAVID WALTHALL DP	01/1//2007