

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857727

FILED
Mar 27, 2009
Secretary of State

Entity Name: AIR POWER, INC.

Current Principal Place of Business:

1430 TRINITY AVENUE (272608360)
HIGH POINT, NC 27262 US

New Principal Place of Business:

Current Mailing Address:

1430 TRINITY AVENUE (272608360)
P.O.BOX 5406
HIGH POINT, NC 27262

New Mailing Address:

FEI Number: 56-0898308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALL, WILLIAM A.,
Address: 212 JONES CIRCLE
City-St-Zip: THOMASVILLE, NC 27360 US

Title: STD () Delete
Name: BALL, ALICE F.,
Address: 212 JONES CIRCLE
City-St-Zip: THOMASVILLE, NC 27360 US

Title: V () Delete
Name: BALL, WILLIAM A JR
Address: 2801 FINCH FARM ROAD
City-St-Zip: TRINITY, NC 27370 US

Title: CFO () Delete
Name: MOUZON, SAMUEL A
Address: 168 OLD FARM RD.
City-St-Zip: THOMASVILLE, NC 27262

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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.

SIGNATURE: SAMUEL A MOUZON

CFO

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date