2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126328

Name:

Address:

City-St-Zip:

PSC 1 BOX 2967

APO, AE 09009 US

Entity Name: AIREPOWER AVIATION, LLC

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 216 YACHT CLUB DRIVE 327 CEDAR AVE NORTH NICEVILLE, FL 32578 SUITE #1 NICEVILLE, FL 32578 **Current Mailing Address: New Mailing Address:** 216 YACHT CLUB DRIVE NICEVILLE, FL 32578 FEI Number: 26-1987774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, CHARLES M SR. 216 YACHT CLUB DRIVE NICEVILLE, FL 32578 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ROBINSON, CHARLES M SR. Name: Name: Address: 216 YACHT CLUB DRIVE Address: City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ROBINSON, STEPHANIE A Name: Name: Address: 216 YACHT CLUB DRIVE Address: City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ROBINSON, CHARLES M JR. Name: Name: Address: 216 YACHT CLUB DRIVE Address: City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ROBINSON, MICHAEL S

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES M ROBINSON 04/28/2008