## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L73101

Entity Name: ROTOR AVIATION, INC

FILED Jan 11, 2008 Secretary of State

Entity Name: ROTOR AVIATION, INC.						
Current Pri	incipal Place o	of Business:	New Prince	New Principal Place of Business:		
501 DANLEY DR B-28						
FORT MYERS, FL 33907						
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 60584 FORT MYERS, FL 33906 US						
FEI Number:	65-0261173	FEI Number Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
MORA, PABLO D 1122 AMBER LAKE COURT CAPE CORAL, FL 33909 US			12867 DE\	BROWN, GARY A DTOR 12867 DEVONSHIRE LAKES CIRCLE FORT MYERS, FL 33913 US		
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: GARY A BROWN				01/11/2008		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$		
Title: Name: Address: City-St-Zip:	PD () D PERRY, JAMES N 7010 GRANADA FORT MYERS, FI	LAKES DRIVE	Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () D GRIMES, DENNIS 12031 ROSEMOU FT MYERS, FL 3	JNT DRIVE	Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address: City-St-Zip:	ADM () D MORA, PABLO D 1122 AMBER LAK CAPE CORAL, FL		Title: Name: Address: City-St-Zip:	DTOR (X LIBEL, ERIC 3204 SE 1ST A CAPE CORAL,		
Title: Name: Address: City-St-Zip:	DTOR () D VOORHEES, TER 26180 SUMMER & BONITA SPRINGS	GREENS DRIVE	Title: Name: Address: City-St-Zip:	( )	Change()Addition	
Title: Name: Address: City-St-Zip:	BROWN, GARY A	IRE LAKES CIRCLE	Title: Name: Address: City-St-Zip:	( )	Change()Addition	

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: GARY A BROWN DTOR 01/11/2008