

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003680

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: REVOLT, INC.

## Current Principal Place of Business:

3959 VAN DYKE RD.  
SUITE 186  
LUTZ, FL 33558

## New Principal Place of Business:

## Current Mailing Address:

3959 VAN DYKE RD.  
SUITE 186  
LUTZ, FL 33558

## New Mailing Address:

FEI Number: 20-8353920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILBERT, MICHAEL S  
3959 VAN DYKE RD.  
SUITE 186  
LUTZ, FL 33558 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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TILLMAN, JEFF  
Address: 3959 VAN DYKE RD.  
City-St-Zip: LUTZ, FL 33558

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: FIORISI, GREG  
Address: 1912 E. HENRY AVE.  
City-St-Zip: TAMPA, FL 33610

Title: VP ( ) Change (X) Addition  
Name: PALMERIO, LEAH  
Address: 5110 N. SEMINOLE AVE  
City-St-Zip: TAMPA, FL 33603

Title: DIR ( ) Change (X) Addition  
Name: GILBERT, MICHAEL  
Address: 3959 VAN DYKE RD.  
City-St-Zip: LUTZ, FL 33558

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. GILBERT

DIR

02/01/2007

Electronic Signature of Signing Officer or Director

Date