

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037936

FILED  
Mar 31, 2007  
Secretary of State

Entity Name: REVOLUTION AVIATION, INCORPORATED

## Current Principal Place of Business:

1990 SW 19TH ST  
WILLISTON, FL 32696

## New Principal Place of Business:

## Current Mailing Address:

1990 SW 19TH ST  
WILLISTON, FL 32696

## New Mailing Address:

FEI Number: 80-0065859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQ. BLVD.  
SUITE 101  
TALLAHASSEE, FL 323010000 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: D ( ) Delete  
Name: MOELLMAN, DENNIS E  
Address: 1383 N. CAROLINA AVE. NE  
City-St-Zip: WASHINGTON, DC 20002

Title: D ( ) Delete  
Name: MILLER, THOMAS M  
Address: 15405 GRASS KEY CT., #701  
City-St-Zip: CORPUS CHRISTI, TX 78418

Title: D ( ) Delete  
Name: FUNNEMARK, DENNIS F  
Address: 44 MARINA COVE DR  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: HARGROVE, BOON A  
Address: 10520 S. HWY. 441  
City-St-Zip: BRONSON, FL 32621

Title: D ( ) Delete  
Name: CHAPIN, PETER B  
Address: 6845 NE 97TH TERRACE  
City-St-Zip: BRONSON, FL 32621

## 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:

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: SIGNED D. MOELLMAN

PRES

03/31/2007

Electronic Signature of Signing Officer or Director

Date