2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037936

Entity Name: REVOLUTION AVIATION, INCORPORATED

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1990 SW 19TH ST WILLISTON, FL 32696 **Current Mailing Address: New Mailing Address:** 1990 SW 19TH ST WILLISTON, FL 32696 FEI Number: 80-0065859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQ. BLVD. 1203 GOVERNOR'S SQ. BLVD. SUITE 101 SUITE 101 TALLAHASSEE, FL 323010000 US TALLAHASSEE, FL 32301 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: 01/27/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MOELLMAN, DENNIS E MOELLMAN, DENNIS E Name: Name: 1383 N. CAROLINA AVE. NE 1383 N. CAROLINA AVE. NE Address: Address: City-St-Zip: WASHINGTON, DC 20002 City-St-Zip: WASHINGTON, DC 20002 Title: Title: () Delete (X) Change () Addition MILLER, THOMAS M Name: MILLER, THOMAS M Name: 15405 GRASS KEY CT., #701 180 N 180 E Address: Address: CORPUS CHRISTI, TX 78418 AMERICAN FORK, UT 84003 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: FUNNEMARK, DENNIS F FUNNEMARK, DENNIS F Name: Name: 44 MARINA COVE DR 44 MARINA COVE DR Address: Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: () Change () Addition HARGROVE, BOON A Name: Name: Address: 10520 S. HWY. 441 Address: City-St-Zip: City-St-Zip: BRONSON, FL 32621 Title: () Delete Title: (X) Change () Addition CHAPIN, PETER B CHAPIN, PETER B Name: Name: 6845 NE 97TH TERRACE Address: 6831 NE 97TH TERRACE Address:

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.

City-St-Zip:

BRONSON, FL 32621

SIGNATURE: DENNIS E MOELLMAN P 01/27/2009

City-St-Zip:

BRONSON, FL 32621