2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# P04000001161

Entity Name: REVOLUTIONARY PRODUCTS, INC.

Current Principal Place of Business:

405 S. DALE MABRY HWY.
SUITE 123
TAMPA, FL 33609

New Principal Place of Business:

5008 W. LINEBAUGH AVE.
SUITE 25
TAMPA, FL 33624

Current Mailing Address:

405 S. DALE MABRY HWY.
SUITE 123
TAMPA, FL 33609

New Mailing Address:

5008 W. LINEBAUGH AVE.
SUITE 25
TAMPA, FL 33624

FEI Number: 11-3712613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOSS, M. CRAIG
405 S. DALE MABRY HWY.
SUITE 123
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

HOSS, M. CRAIG
5008 W. LINEBAUGH AVE.
SUITE 25
TAMPA, FL 33624 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: M. CRAIG HOSS 01/03/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOSS, M. CRAIG
Address: 3216 W. OAKELLAR ST.
City-St-Zip: TAMPA, FL 33611

Title: VP ( ) Delete
Name: HOSS, TARA K
Address: 3216 W. OAKELLAR ST.
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOSS, M. CRAIG
Address: 5008 W. LINEBAUGH AVE., SUITE 25
City-St-Zip: TAMPA, FL 33624

Title: VP (X) Change ( ) Addition
Name: HOSS, TARA K
Address: 5008 W. LINEBAUGH AVE., SUITE 25
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: M. CRAIG HOSS P 01/03/2005
Electronic Signature of Signing Officer or Director Date