

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90022 027 ***150.00

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1. Entity Name
A1A ACQUISITION CORP.



Principal Place of Business
**8959 ASTRONAUT BLVD.
CAPE CANAVERAL, FL 32920**

Mailing Address
**8959 ASTRONAUT BLVD.
CAPE CANAVERAL, FL 32920**

60043574



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1065279

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KANCILLA, JOHN R
1800 W HIBISCUS BLVD STE 138
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	DOBSON, ROGER W
STREET ADDRESS	6245 S. TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	VP
NAME	HERMANSEN, BJORNAR
STREET ADDRESS	205 HACIENDA DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	ST
NAME	BJERNING, EUGENE K
STREET ADDRESS	405 FOOTMAN LANE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	P
NAME	Hermansen, Tom
STREET ADDRESS	3425 N. Atlantic Avenue
CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *BY Tom Hermansen* **TOM HERMANSEN** **4/21/08** **321 794 0999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AS PRESIDENT Date Daytime Phone #