

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065329

Entity Name: A1A ACQUISITION CORP.

FILED  
Jun 22, 2009  
Secretary of State

## Current Principal Place of Business:

8959 ASTRONAUT BLVD.  
CAPE CANAVERAL, FL 32920

## New Principal Place of Business:

## Current Mailing Address:

8959 ASTRONAUT BLVD.  
CAPE CANAVERAL, FL 32920

## New Mailing Address:

FEI Number: 20-1065279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DOBSON, ROGER W  
Address: 6245 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP ( ) Delete  
Name: HERMANSEN, BJORNAR  
Address: 205 HACIENDA DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ST ( ) Delete  
Name: BJERNING, EUGENE K  
Address: 405 FOOTMAN LANE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: P ( ) Delete  
Name: HERMANSEN, TOM  
Address: 3425 N. ATLANTIC AVENUE  
City-St-Zip: COCOA BEACH, FL 32931

## 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:

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.

SIGNATURE: TOM C. HERMANSEN

P

06/22/2009

Electronic Signature of Signing Officer or Director

Date