

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90790 001 ***300.00

DOCUMENT # P06000062522

1. Entity Name
A1A OUTPARCEL CORP.



Principal Place of Business Mailing Address

8959 ASTRONAUT BOULEVARD **8959 ASTRONAUT BOULEVARD**
CAPE CANAVERAL, FL 32920 US **CAPE CANAVERAL, FL 32920 US**

66012063



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03222007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number
20-4868869

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ.
1800 W. HIBISCUS BOULEVARD
SUITE 138
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DOBSON, ROGER	
STREET ADDRESS	6245 SO. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERMANSEN, BJORNAR K	
STREET ADDRESS	205 HACIENDA DRIVE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERMANSEN, TOM C	
STREET ADDRESS	3425 N. ATLANTIC AVENUE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	MAY, RANDALL L	
STREET ADDRESS	1700 SANDPIPER STREET	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWANN, JAMES T	
STREET ADDRESS	516 DELANNOY AVENUE	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BJERNING, EUGENE K	
STREET ADDRESS	435 FOOTMAN LANE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Roger C Dobson 4/20/07 321-323-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #