

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S26923

FILED
Mar 10, 2009
Secretary of State

Entity Name: REVOLUTION PERFORMANCE, INC.

Current Principal Place of Business:

P. O. BOX 840855
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 840855
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0257379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIANE M. HARBECK
18252 NW. 15 CT.
PEMBROKE PINES, FL 33029 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARY D. HARBECK,
Address: 18252 N.W. 15 CT.
City-St-Zip: PEMBROKE PINES, FL

Title: STD () Delete
Name: DIANE M. HARBECK,
Address: 18252 N.W. 15 CT
City-St-Zip: PEMBROKE PINES, FL

Title: VP (X) Delete
Name: JASON G. HARBECK,
Address: 18252 NW 15 CT
City-St-Zip: PEMBROKE PINES, FL

Title: DP () Delete
Name: LAZENBY, LUKE
Address: 18252 NW 15 CT
City-St-Zip: PEMBROKE PINES, FL

Title: D () Delete
Name: LAZENBY, KRISTY
Address: 18252 NW 15 CT
City-St-Zip: PEMBROKE PINES, FL

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:

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: DIANE HARBECK

_____ Electronic Signature of Signing Officer or Director

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03/10/2009

_____ Date