

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90197 044 ***150.00

DOCUMENT # P00000102076
 1. Entity Name
 ACTION TECHNOLOGIES GROUP, INC.



Principal Place of Business Mailing Address
 10000 NW 53RD STREET 10000 NW 53RD STREET
 SUNRISE, FL 33351 SUNRISE, FL 33351

50001331



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 10001 NW 50 St. 10001 NW 50 St
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 105 Suite 105

01162007 Chg-P CR2E034 (12/06)

City & State City & State
 Sunrise, FL Sunrise, FL

4. FEI Number Applied For
 65-1056737 Not Applicable

Zip Country Zip Country
 33351 USA 33351 USA

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

6. Name and Address of Current Registered Agent
 SION, STUART
 10000 NW 53RD STREET
 SUNRISE, FL 33351

7. Name and Address of New Registered Agent
 Name Sion, Stuart
 Street Address (P.O. Box Number is Not Acceptable)
 10001 NW 50 St Suite 105
 City Sunrise FL Zip Code 33351

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 PD <input type="checkbox"/> Delete	NAME SION, AMY H
STREET ADDRESS 10000 NW 53RD ST	10001 NW 50 St, Suite
CITY-ST-ZIP SUNRISE, FL 33351	Sunrise, FL 33351 105
TITLE VD <input checked="" type="checkbox"/> Delete	NAME THOMAS, LORRAINE A
STREET ADDRESS 10000 NW 53RD ST	
CITY-ST-ZIP SUNRISE, FL 33351	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Sion, Stuart
STREET ADDRESS 10001 NW 50 St, Suite 105	
CITY-ST-ZIP SUNRISE, FL 33351	
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: _____ Date 4-15-07 Daytime Phone # _____