
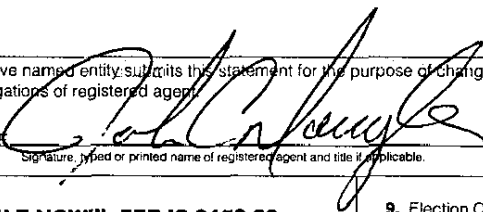
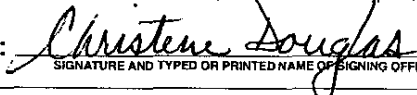


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90038 026 \*\*\*150.00

DOCUMENT # P97000100394			
1. Entity Name ACTION MOBILE, INC.			
Principal Place of Business 9765 S ORANGE BLOSSOM TRAIL #43 ORLANDO, FL 32837		Mailing Address P.O. BOX 771273 ORLANDO, FL 32877	
2. Principal Place of Business 11052 SATELLITE BLVD. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State	
Zip 32837	Country	Zip	Country
6. Name and Address of Current Registered Agent DOUGLAS, JOHN C 3226 COUNTRYSIDE VIEW DR. SAINT CLOUD, FL 34772		7. Name and Address of New Registered Agent Name DOUGLAS JOHN C. Street Address (P.O. Box Number is Not Acceptable) 11052 SATELLITE BLVD. City ORLANDO FL Zip Code 32837	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE: 		DATE: 3/11/04	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS, JOHN C 3226 COUNTRYSIDE VIEW DR. SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS JOHN C 11052 SATELLITE BLVD. ORLANDO, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOUGLAS, CHRISTENE 3226 COUNTRYSIDE VIEW DR. ST. CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOUGLAS CHRISTENE 11052 SATELLITE BLVD. ORLANDO, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOUGLAS, CHRISTENE 3226 COUNTRYSIDE VIEW DR SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOUGLAS CHRISTENE 11052 SATELLITE BLVD. ORLANDO, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 3/11/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAY/TIME PHONE #: 407-851-1800	

94030273



03092004 Chg-P CR2E034 (10/03)