2006 FOR PROFIT CORPORÁTION ANNUAL REPORT

Jan 12, 2006 08:00 AM Secretary of State **DOCUMENT # 654067** 1. Entity Name ACTION INDUSTRIES, INC. Principal Place of Business Mailing Address 3602 NE 70TH ST 3602 NE 70TH ST US OCALA, FL 34479 OCALA, FL 34479 US 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1967778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARY, LEON DO NOT WRITE 3602 N E 70TH ST OCALA, FL 34479 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GARY, LEON. 3602 NORTHEAST 70TH ST STREET ADDRESS CITY-ST-ZIP OCALA, FL 34479 01/13/06-80001-010 150.00 TITLE NAME GARY, REBECCA STREET ADDRESS 3602 NORTHEAST 70TH ST CITY-ST-ZIP OCALA, FL 34479 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

FILED