

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13942

FILED
Jan 10, 2004
Secretary of State

Entity Name: ACTION PRODUCTS INTERNATIONAL, INC.

Current Principal Place of Business:

390 N. ORANGE AVE
STE 2185
ORLANDO, FL 32801 US

New Principal Place of Business:

New Mailing Address:

390 N. ORANGE AVE
STE 2185
ORLANDO, FL 32801 US

Current Mailing Address:

344 CYPRESS RD
OCALA, FL 34472 US

FEI Number: 59-2095427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAPLAN, RONALD S
344 CYPRESS ROAD
OCALA, FL 34472 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: DC () Delete
Name: KAPLAN, RONALD S.
Address: 344 CYPRESS ROAD
City-St-Zip: OCALA, FL 34472

Title: TS () Delete
Name: BURROWS, ROBERT
Address: 344 CYPRESS RD
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: SWARTZ, NEIL
Address: 344 CYPRESS RD
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: SMOLLAR, MARVIN
Address: 344 CYPRESS RD
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: TUCHMAN, RONALD E
Address: 344 CYPRESS RD
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: KAPLAN, JUDITH
Address: 344 CYPRESS RD
City-St-Zip: OCALA, FL 34472

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: D (X) Change () Addition
Name: RUNKEL, SCOTT
Address: 344 CYPRESS RD
City-St-Zip: OCALA, FL 34472

Title: D (X) Change () Addition
Name: STONE, ANN
Address: 344 CYPRESS RD
City-St-Zip: OCALA, FL 34472

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT BURROWS

TS

01/10/2004

Electronic Signature of Signing Officer or Director

_____ Date