

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004203

FILED
Jul 22, 2008
Secretary of State

Entity Name: ACTION EMBROIDERY CORP.

Current Principal Place of Business:

1315 W. BROOKS STREET
ONTARIO, CA 91762

New Principal Place of Business:

Current Mailing Address:

1315 W. BROOKS STREET
ONTARIO, CA 91762

New Mailing Address:

FEI Number: 13-3355209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRAY, PETER
1095 TUPELO WAY
WESTON, FL 33327 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: NEWMAN, IRA
Address: 813 N. RUTLEDGE DR.
City-St-Zip: PLACENTIA, CA 92870

Title: CD () Delete
Name: SILNA, OZZIE
Address: 23301 PALM CANYAN LANE
City-St-Zip: MALIBU, CA 90265

Title: TD () Delete
Name: MENDELOW, STEVEN
Address: 440 PARK AVE., S.
City-St-Zip: NEW YORK, NY 10016

Title: V () Delete
Name: GRAY, PETER
Address: 1095 TUPELO WAY
City-St-Zip: WESTON, FL 33327

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:

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: IRA J NEWMAN

PS

07/22/2008

Electronic Signature of Signing Officer or Director

Date