


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H58923 1. Entity Name ACTION TREE, INC.	
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Principal Place of Business 6059 ISLAND HARBOR RD. SEBASTIAN, FL 32958	Mailing Address P.O. BOX 8285 VERO BEACH, FL 32964 US
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2818233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FENNEL, DARRELL
 979 BEACHLAND BLVD.
 VERO BEACH, FL 32963

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KALIX, MARTIN J 6059 ISLAND HARBOR RD. SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAGGETT, DAVID 110 MEDIAN ST MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHASTEEN, EWALD 2195 17TH AVE, SW VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, JAMES 118 OGDEN ROAD SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUTIERREZ, MAURICIO 1936 18TH AVE., #8 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000118850
 04/19/04-80076-023 150.00

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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: Martin Kalix Martin Kalix PRES 4/14/04 (772)388-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #