


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90036 044 \*\*\*150.00

**DOCUMENT # H58923**

1. Entity Name  
**ACTION TREE, INC.**



Principal Place of Business  
**6059 ISLAND HARBOR RD  
 SEBASTIAN, FL 32958**

Mailing Address  
**P.O. BOX 8285  
 VERO BEACH, FL 32964 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip



01102006 Chg-P CR2E034 (11/05)

**6. Name and Address of Current Registered Agent**

**KALIX, MARTIN J  
 6059 ISLAND HARBOR ROAD  
 SEBASTIAN, FL 32958**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**FILE NOW!!! - FEE IS \$150.00 - After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KALIX, MARTIN J			NAME			
STREET ADDRESS	6059 ISLAND HARBOR RD.			STREET ADDRESS			
CITY-ST-ZIP	SEBASTIAN, FL 32958			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAGGETT, DAVID			NAME			
STREET ADDRESS	110 MEDIAN ST			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHASTEEN, EWALD			NAME			
STREET ADDRESS	2195 17TH AVE. SW			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32962			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, JAMES			NAME			
STREET ADDRESS	118 OGDEN ROAD			STREET ADDRESS			
CITY-ST-ZIP	SEBASTIAN, FL 32958			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTIERREZ, MAURICIO			NAME			
STREET ADDRESS	1936 18TH AVE., #8			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32960			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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

SIGNATURE: Martin J Kalix (PRES) 1/19/06 772-388-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARTIN T KALIX