


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 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 PMB 8285 6001 HIGHWAY A1A VERO BEACH, FL 32963
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01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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: *Martin Kalix* PRES DATE: 4/18/08

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, 2008 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	PD 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	STD KALIX, BARBARA 6059 ISLAND HARBOR RD SEBASTIAN, FL 32958
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/13/08-80003-012-150.00

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 like empowered.

SIGNATURE: *Martin Kalix (Martin Kalix) PRES.* DATE: 4/18/08 (727) 388-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR