


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03271</b> 1. Entity Name ACTION UTILITY PRODUCTS, INC.	
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Principal Place of Business 8570 NW 68 ST MIAMI, FL 33166-2601	Mailing Address 8570 NW 68 ST MIAMI, FL 33166-2601
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**DO NOT WRITE IN THIS SPACE**



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0136750	Applied For 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  BLAKE, TIMOTHY CARL ESQUIRE 19 WEST FLAGLER ST. BISCAYNE BLDG. SUITE 206 MIAMI, FL 33130	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, EDWARD F. 12311 S.W. 98TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIAM PAUL 2106 WEST MARION LANE DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEJKA, JOHN D JR 12964 SPRINGLAKE DRIVE COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKETT, HARRY 435 SUMMIT CHASE DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/01/07-80017-001 150.00

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 another like empowered.

SIGNATURE: E. F. Nelson **2-16-07** **305 471 0620**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #