2006 FOR PROFIT CORPORATION 'ANNUAL REPORT (AR)

SIGNATURE:

Feb 20, 2006 08:00 AM DOCUMENT # M49931 **Secretary of State** 1. Entity Name ACTION WEAR, INC. Principal Place of Business Mailing Address 1271 NE 163 STREET ATTN: GINETTA OVADIA NORTH MIAMI BEACH FL 33162 1271 NE 163 STREET ATTN: GINETTA OVADIA NORTH MIAMI BEACH FL 33162 3. Mailing Address 2. Principal Place of Business Sulte. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FE! Number 65-0027495 Not Applicat Zip Country Zίρ Country \$8.75 Additional 5. Certificate of Status Desired □ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OVADIA, GINETTA Street Address (P.O. Box Number is Not Acceptable) **210 174TH STREET SUITE 1901** NORTH MIAMI BEACH FL 33160 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 DATE (NOTE: Registered Agent signature required when reinstation) Signature, typed or proted name of registered agent and life if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TATLE □ Detete THLE ☐ Change ☐ Add™ OVADIA, GINETTA NAME NAME STREET ADDRESS 210-174TH STREET, #1901 STREET ADDRESS. U00000442006 CITY-ST-ZIP CITY-ST-ZIP 03/04/06-80001-018 150.00 NO. MIAMI BEACH FL 33160 Delete TO 71 F TITLE ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-21P Andition TITLE ☐ Detate TITLE ☐ Change NAME MAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete ☐ Change □ All nneTITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition 1 ☐ Change TITEF ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-702 CITY-ST-278 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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.

FILED

2/15/06