

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009448

FILED
Feb 14, 2007
Secretary of State

Entity Name: ACTION CRUSADERS, INC.

Current Principal Place of Business:

6050 NW 27 AVE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

6050 NW 27 AVE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-1742402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLAIN, ANDREA
17666 SW 20TH ST
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MCCLAIN, ANDREA
Address: 17666 SW 20TH ST
City-St-Zip: MIRAMAR, FL 33029

Title: VC () Delete
Name: KINNON, LESTER
Address: 1680 NW 4TH AVE
City-St-Zip: MIAMI, FL 33160

Title: T () Delete
Name: MCCLAIN, CHRISTOPHER
Address: 17666 SW 20TH ST
City-St-Zip: MIRAMAR, FL 33029

Title: AT () Delete
Name: HART, DESERIE
Address: 675 NW 56TH ST., APT. 303
City-St-Zip: MIAMI, FL 33127

Title: S () Delete
Name: DIXON-HARRIS, HOLLY
Address: P.O. BOX 371438
City-St-Zip: MIAMI, FL 331371438

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA MCCLAIN

C

02/14/2007

Electronic Signature of Signing Officer or Director

Date