


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90055 004 ****61.25

DOCUMENT # N06000009771

1. Entity Name
ACTON UP WITH DOWNS, INC.



Principal Place of Business
**725 GULFVIEW DR.
 PANAMA CITY BEACH, FL 32413**

Mailing Address
**PO BOX 19076
 PANAMA CITY BEACH, FL 32417**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

03052008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**STANFORD, REBECCA
 725 GULFVIEW DR.
 PANAMA CITY BEACH, FL 32413**

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 *Rebecca Stanford* DATE 4-16-08

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, JOYCE	
STREET ADDRESS	233 WOODLAWN DR.	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANFORD, REBECCA	
STREET ADDRESS	725 GULFVIEW DR.	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE	D	<input type="checkbox"/> Delete
NAME	PFNEISEL, ELAINE	
STREET ADDRESS	717 GULFVIEW DR.	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, KRISTEN	
STREET ADDRESS	4010 OAK FOREST DR.	
CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, 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: *Rebecca Stanford* DATE 4-16-08 DAYTIME PHONE # 850-258-3732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR