# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2006**
**Secretary of State**

DOCUMENT# N11020

**Entity Name:** CONCERNED ACTION, INC.

**Current Principal Place of Business:**

3813 RAVENNA DRIVE
P.O. BOX 444
VALRICO, FL 335950444 US

**New Principal Place of Business:**

**Current Mailing Address:**

3813 RAVENNA DRIVE
P.O. BOX 444
VALRICO, FL 335950444 US

**New Mailing Address:**

**FEI Number: 59-2579981** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEALD, DON P.
3813 RAVENNA DR.
P.O. BOX 444
VALRICO, FL 33595 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: | TD | ( ) Delete |
| Name: | ASH, APRIL | |
| Address: | 7632 PARK BYRDE ROAD | |
| City-St-Zip: | LAKELAND, FL 33810 | |
| Title: | TT | ( ) Delete |
| Name: | ASH, DAN | |
| Address: | 7632 PARK BYRDE RD | |
| City-St-Zip: | LAKELAND, FL 33810 | |
| Title: | VD | ( ) Delete |
| Name: | BRAUN, PAM | |
| Address: | 1931 MEADOWRIDGE DRIVE | |
| City-St-Zip: | VALRICO, FL 33594 | |
| Title: | SD | ( ) Delete |
| Name: | PINNEY, SHARON | |
| Address: | 2332 TOWERING OAKS CIRCLE | |
| City-St-Zip: | SEFFNER, FL 33584 | |
| Title: | ST | ( ) Delete |
| Name: | AGAZARM, A J | |
| Address: | 8738 WHISPERING OAKS TRAIL | |
| City-St-Zip: | NEW PORT RICHEY, FL 34654 | |
| Title: | MP | ( ) Delete |
| Name: | HEALD, DON | |
| Address: | 3813 RAVENNA DRIVE | |
| City-St-Zip: | VALRICO, FL 33595 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| 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: DON P. HEALD MP 01/11/2006

Electronic Signature of Signing Officer or Director — Date