


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000022698 1. Entity Name ACTION APPLIANCE SERVICE INC.	
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Principal Place of Business 1066 SALMON ISLE WEST PALM BEACH, FL 33413	Mailing Address 1066 SALMON ISLE WEST PALM BEACH, FL 33413
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0996362	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MALOOLEY, MICHELE 1066 SALMON ISLE WEST PALM BEACH, FL 33413

DO NOT WRITE IN THIS SPACE

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 <u><i>Michele A. Malooley</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Michele A. Malooley Pres. <small>(NOTE, Registered Agent signature required when reinstating)</small>	<u>4/27/04</u> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT MALOOLEY, MICHELE 1066 SALMON IS WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOIACONO, WILLIAM 1066 SALMON ISLE WEST PALM BEACH, FL 33413
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<p>UD0000139614 04/29/04-80128-008 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.		
SIGNATURE: <u><i>Michele A. Malooley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Michele A. Malooley <small>Date</small>	<u>4/27/04</u> <small>Daytime Phone #</small>

561 689 0570