

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113358

Entity Name: ACTION SYSTEMS, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

5762 OKEECHOBEE BLVD STE 508  
WEST PALM BEACH, FL 33471

## New Principal Place of Business:

## Current Mailing Address:

5762 OKEECHOBEE BLVD STE 508  
WEST PALM BEACH, FL 33471

## New Mailing Address:

FEI Number: 82-0584752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SOKOLOFF, ELLIOT J ESQ  
SOKOLOFF & WEINSTEIN PA  
11440 OKEECHOBEE BLVD STE 104  
ROYAL PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

BARRERA, EDWIN  
5631 SEAPINE ROAD  
WEST PALM BEACH, FL 33417 US

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: EDWIN BARRERA

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BARRERA, EDWIN  
Address: 5631 SEAPINE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: V ( ) Delete  
Name: BARRERA, MARCO  
Address: 5631 SEAPINE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TS ( ) Delete  
Name: BARRERA, EDWIN C  
Address: 5631 SEAPINE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D ( ) Delete  
Name: BARRERA, GIANCARLO  
Address: 5631 SEAPINE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33417

## 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:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN BARRERA

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date