


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000100191</b> 1. Entity Name ACTION VENTURES INC.	
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Principal Place of Business 14652 BEAUFORT CIRCLE NAPLES, FL 34119	Mailing Address 14652 BEAUFORT CIRCLE NAPLES, FL 34119 US
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**DO NOT WRITE IN THIS SPACE**



05072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3751560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CHAPPY, MARY JANE 14652 BEAUFORT CIRCLE NAPLES, FL 34119	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS CHAPPY, MARY JANE J OFFICER 14652 BEAUFORT CIRCLE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR CHAPPY, ZANE M OFFICER 14652 BEAUFORT CIRCLE NAPLES, FL 34119
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**DO NOT WRITE  
IN THIS SPACE**

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06/04/08-80076-004 150.00

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/08

Date

239 595-7628

Daytime Phone #