

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000027124

1. Entity Name
ACTION THERAPY, INC.



**FILED
May 25, 2005 8:00 am
Secretary of State**

05-25-2005 90005 023 ***150.00

Principal Place of Business
820 S.E. 13TH COURT
POMPANO BEACH, FL 33060

Mailing Address

820 S.E. 13TH COURT
POMPANO BEACH, FL 33060



2. Principal Place of Business
5643 NW 39 AVE

3. Mailing Address
5643 NW 39 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
COCONUT CREEK FL

City & State
COCONUT CREEK FL

Zip 33073

Country US

Zip 33073

Country US

4. FEI Number
01-0630888

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIUFFRIDA, JOHN
820 S.E. 13TH COURT
POMPANO BEACH, FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

5643 NW 39 AVE

City COCONUT CREEK

FL

Zip Code 33073

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME GIUFFRIDA, JOHN
STREET ADDRESS 820 S.E. 13TH COURT
CITY-ST-ZIP POMPANO BEACH, FL 33060

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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Change Addition

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Change Addition

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CITY-ST-ZIP

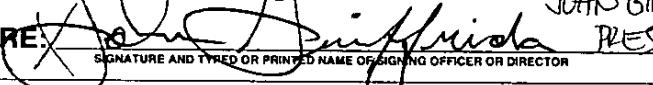
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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



JOHN GIUFFRIDA

5/20/05

(954) 652-8299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #