


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000043733</b> 1. Entity Name ACTAS INTERNATIONAL, INC.		
Principal Place of Business 7815 N. DALE MABRY HWY. STE. 108 TAMPA, FL 33614-2302	Mailing Address 7815 N. DALE MABRY HWY. STE. 108 TAMPA, FL 33614-2302	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MOORE, BRIAN S MBA 7815 N. DALE MABRY HWY STE 108 TAMPA, FL 33618		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</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.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, BRIAN S 4305 CARROLLWOOD VILLAGE TAMPA, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, ORLANDO 1710 SPRINGWELL PL BRANDON, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Brian S. Moore</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>07/10/07</i> Daytime Phone #



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number  
75-3058361

Applied For  
Not Applicable

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

000000767638  
07/10/07-80012-016 150.00

**DO NOT WRITE  
IN THIS SPACE**