

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000049853

Entity Name: ACTION-ENTERPRISES.COM, INC.

FILED
Mar 03, 2005
Secretary of State

Current Principal Place of Business:

11266 W. HILLSBOROUGH AVENUE
SUITE 120
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 475
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 03-0442970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGRIPPA, MONICA
11266 W. HILLSBOROUGH AVENUE
SUITE 120
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AGRIPPA, MONICA
Address: 11266 W. HILLSBOROUGH AVENUE, SUITE 120
City-St-Zip: TAMPA, FL 33635

Title: P () Delete
Name: AGRIPPA, DONALD A
Address: 11266 W. HILLSBOROUGH AVENUE, SUITE 120
City-St-Zip: TAMPA, FL 33635

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: A () Change (X) Addition
Name: CARPENTER, WARREN A
Address: 11266 W. HILLSBOROUGH AVENUE, SUITE 201
City-St-Zip: TAMPA, FL 33635 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: M. AGRIPPA

D

03/03/2005

Electronic Signature of Signing Officer or Director

Date