


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90083 040 \*\*\*150.00

<b>DOCUMENT # P02000133676</b> 1. Entity Name <b>C &amp; S / ACTION SALES, INC.</b>					
Principal Place of Business <b>8570 NW 68TH STREET MIAMI, FL 33166-2665</b>			Mailing Address <b>8570 NW 68TH STREET MIAMI, FL 33166-2665</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>56-2323274</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>LIEBERMAN, STEVEN 11400 NORTH KENDALL DRIVE SUITE 106 MIAMI, FL 33176</b>			7. Name and Address of New Registered Agent Name <b>EDWARD P NELSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>8570 NW 68 ST</b> City <b>MIAMI</b> FL <b>33166</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 <u><i>E. J. Fuh</i></u> DATE <b>2-16-07</b> <small>Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when recertifying)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEVELAND, JAMES 8570 NW 68TH STREET MIAMI, FL 331662665	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEVELAND, GEORGE 8570 NW 68TH STREET MIAMI, FL 331662665	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLARNON, TIMOTHY 8570 NW 68TH STREET MIAMI, FL 331662665	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NELSON, EDWARD 8570 NW 68TH STREET MIAMI, FL 331662665	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>E. J. Fuh</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2-16-07</b> Daytime Phone # <b>305 592 7340</b>		

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