

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000002080

1. Entity Name

DOUBLE ACTION ENTERTAINMENT INC.



Principal Place of Business

PO BOX 170143
MIAMI, FL 33017

Mailing Address

PO BOX 170143
MIAMI, FL 33017



02282006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-3107988

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEMING, AHMAD
2553 CHATEAU LN UNIT B
TALLAHASSEE, FL 32311

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IN THIS SPACE**

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000533442
05/06/06-80125-007 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME FLEMING, AHMAD
STREET ADDRESS 2553 CHATEAU LANE UNIT B
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE VPT
NAME MANDRELL, RAYMOND
STREET ADDRESS 1955 NW 192 TERR
CITY-ST-ZIP MAIMI, FL 33056

TITLE S
NAME MOLTIMORE, NICOLE
STREET ADDRESS 2428 JIM LEE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Ahmad Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06 (ESA) 310-2628