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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90968 027 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000052148

1. Entity Name
ACTION VACUUM CLEANER COMPANY, INC.

40076124

Principal Place of Business	Mailing Address
2746 SW THUNDERBIRD TRIAL STUART, FL 34997	2746 SW THUNDERBIRD TRIAL STUART, FL 34997

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
267 US HWY 1	267 US HWY 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TEQUESTA FL	City & State: TEQUESTA FL
Zip: 33469-2701 Country	Zip: 33469-2701 Country

4. FEI Number 13-4234462 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERANIO, LEO 2746 SW THUNDERBIRD TRIAL STUART, FL 34997	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PERANIO, LEO		NAME	
STREET ADDRESS	2746 SW THUNDERBIRD TRIAL		STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	
TITLE	DV Bookkeeper	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PERANIO, ANTIONETTE		NAME	
STREET ADDRESS	2746 SW THUNDERBIRD TRIAL		STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Antionette Peranio - Bkp.- Sec. 4-28-05 772-281-5329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #