

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90025 037 ***165.00

| | |
|---------------------------------------|--|
| DOCUMENT # P03000078077 | |
| 1. Entity Name AACTION SCAPE, INC. | |



| | |
|--|--|
| Principal Place of Business 2173 LAKE DEBRA DRIVE #633 ORLANDO, FL 32835 US | Mailing Address 7802 KINGSPONTE PARKWAY #207-B ORLANDO, FL 32819 US |
|--|--|

54012914



| | | | |
|--------------------------------|---------|---|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite # 207-A | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02112004 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 20-0092439 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent J.A.O. SERVICES, INC. 7802 KINGSPONTE PARKWAY SUITE #207-B ORLANDO, FL 32819 | |
|--|--|

| | |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name Daniel Papasakellariou | |
| Street Address (P.O. Box Number is Not Acceptable) 2173 Lake Debra Drive #633 | |
| City Orlando | FL Zip Code 32835 |

| | |
|--|-----------------------|
| 8. The above named entity hereby certifies 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 the registered agent. | |
| SIGNATURE: | DATE: 02/26/04 |

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PAPSAKELLARIOU, DANIEL 2173 LAKE DEBRA DRIVE #633 ORLANDO, FL 32835 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | |
|--|--|
| 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 and the address is not like empowered. | |
|--|--|

| | |
|------------|---------------------------|
| SIGNATURE: | Date: 32/1229-2457 |
|------------|---------------------------|