

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90035 020 ***150.00

DOCUMENT # P03000096617					
1. Entity Name THE ACTION LEADERSHIP GROUP, INC.					
Principal Place of Business 6311 DUNLIETH PLACE PENSACOLA, FL 32504			Mailing Address 3085 BAY OAKS CIR. ENGLEWOOD, FL 34223		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 55-0849847					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					
WEBB, ERNEST L 6311 DUNLIETH PLACE PENSACOLA, FL 32504					
7. Name and Address of New Registered Agent					
Name <u>CARROLL, BOB</u>					
Street Address (P.O. Box Number is Not Acceptable)					
<u>3085 BAY OAKS CIR</u>					
City <u>ENGLEWOOD</u> State <u>FL</u> Zip Code <u>34223</u>					
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>[Signature]</u> <u>BOB CARROLL, VP, SECY, TREAS</u> <u>1/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete WEBB, ERNEST L 6311 DUNLIETH PLACE PENSACOLA, FL 32504				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete CARROLL, BOB 3085 BAY OAKS CIRCLE ENGLEWOOD, FL 34223				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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 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>[Signature]</u> <u>1/27/07</u> <u>941-475-8197</u> <u>7413</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

BOB CARROLL, VP/SECY/TREAS