## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000048801

Entity Name: ACTION DELIVERY SYSTEMS, INC.

30 HAWAIIAN BLVD.

ST. AUGUSTINE BEACH, FL 32080

Address:

City-St-Zip:

FILED Jan 12, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1835- 119 US 1 SOUTH SUITE 222 ST. AUGUSTINE, FL 32086 **New Mailing Address: Current Mailing Address:** 1835-119 US 1 SOUTH SUITE 222 ST. AUGUSTINE, FL 32086 FEI Number: 20-1230454 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALL, CHARLES E JR 77 ALMERIA STREET ST. AUGUSTINE, FL 32084 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD ( ) Delete Title: () Change () Addition ZWALLY-LYNCH, BARBAR Name: Name: 30 HAWAIIAN BLVD. Address: Address: City-St-Zip: ST. AUGUSTINE BEACH, FL 32080 City-St-Zip: Title: VD Title: () Change () Addition () Delete Name: LYNCH, THOMAS Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA ZWALLY-LYNCH PRES 01/12/2005