


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P05000059591 1. Entity Name A-ACTION SEAMLESS GUTTERS, INC. |  |
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| Principal Place of Business 38736 PAM TER LADY LAKES, FL 32159-3921 | Mailing Address 38736 PAM TER LADY LAKES, FL 32159-3921 |
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03022008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 56-2511093 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CALI, PETE
38736 PAM TER
LADY LAKES, FL 32159-3921

DO NOT WRITE 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)

| | | |
|---|--|---------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 04/17/08-80008-024 150.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CALI, PETE 38736 PAM TER LADY LAKES, FL 321593921 |
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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: Peter D. Cali / PETER D. CALI 4/2/08 352-7533879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #