

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90408 033 ***150.00

DOCUMENT # P05000065822
 1. Entity Name
 BACK IN ACTION ON WHEELS INC.



Principal Place of Business Mailing Address
 911 WOODROW WILSON 11008 LAUREL BROOK COURT
 BAY #1 RIVERVIEW, FL 33569 US
 PLANT CITY, FL 33567 US

66018171



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04112008 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number ~~55-0894963~~
~~55-087494963~~ Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 CORLEY, REGINALD
 11008 LAUREL BROOK COURT
 RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent
 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: *Reginald Corley* Registered Corley Agent DATE: 4/11/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CORLEY, REGINALD | |
| STREET ADDRESS | 11008 LAUREL BROOK COURT | |
| CITY-ST-ZIP | RIVERVIEW, FL 33569 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MCLEMORE-CORLEY, JESSICA | |
| STREET ADDRESS | 11008 LAUREL BROOK COURT | |
| CITY-ST-ZIP | RIVERVIEW, FL 33569 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Reginald Corley* Registered Corley Agent DATE: 4/11/06 DAYTIME PHONE: 813-857-8723