


**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 BAY #1 PLANT CITY, FL 33567 US  
 11008 LAUREL BROOK COURT RIVERVIEW, FL 33569 US

66018171



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