


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90006 001 \*\*\*150.00  
06-25-2007 90006 002 \*\*\*\*\*8.75

<b>DOCUMENT # P05000144698</b>	
1. Entity Name <b>ACTION EXTERIORS, INC.</b>	

Principal Place of Business <b>1005 RIVER KNOLL LANE HOLLY HILL, FL 32117 US</b> SAME ✓	Mailing Address <b>1005 RIVER KNOLL HOLLY HILL, FL 32117 US</b> SAME ✓
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**66019715**



2. Principal Place of Business - No P.O. Box # <b>1005 RIVER KNOLL W</b>	3. Mailing Address <b>1005 RIVER KNOLL W</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05312007 Chg-P CR2E034 (12/06)

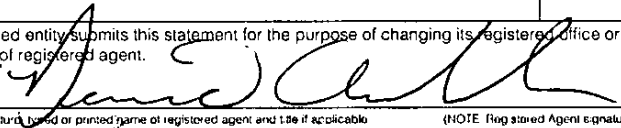
City & State <b>Holly Hill FL</b>	City & State <b>Holly Hill</b>
Zip <b>32117</b> Country <b>FL</b>	Zip <b>32117</b> Country <b>FL</b>

4. FEI Number <b>02-0755402</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ARAMBULA, DAVID 1005 RIVER KNOLL LANE HOLLY HILL, FL 32117</b> SAME ✓	7. Name and Address of New Registered Agent Name <b>DAVID ARAMBULA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1005 RIVER KNOLL W</b> <b>HOLLY HILL FL</b> City <b>FL</b> Zip Code <b>32117</b>
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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  **6-20-07**  
Signature based on printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEES \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ARAMBULA, DAVID 1005 RIVER KNOLL LANE HOLLY HILL, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>NA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>NA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>NA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>NA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>NA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NA</b>

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 things empowered.

SIGNATURE:  **6-20-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #