2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2006 08:00 AM Secretary of State DOCUMENT # P93000013570 ACTION METAL WORKS, INC. Mailing Address Principal Place of Business 2048 APEX COURT 2048 APEX COURT APOPKA, FL 32703 APOPKA, FL 32703 No Chg-P CR2E034 (11/05) 04132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number <u>59-3</u>170280 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CANAVAN, JAMES B 2048 APEX COURT DO NOT WRITE APOPKA, FL 32703 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME CANAVAN, JAMES B STREET ADDRESS 2048 APEX COURT CITY-ST-ZIP APOPKA, FL 32703 TITLE U000000561260 NAME 05/19/06-80007-012 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06

Daytime Phone #

FILED