

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011549

FILED
May 02, 2005
Secretary of State

Entity Name: ACTION SERVICE GROUP, INC.

Current Principal Place of Business:

1200 NE 48TH ST STE #5
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

4005 BANYAN TRAILS DRIVE
COCONUT CREEK, FL 33073 US

Current Mailing Address:

211 FREEDOM CT
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

4005 BANYAN TRAILS DRIVE
COCONUT CREEK, FL 33073 US

FEI Number: 65-0813028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARBOSA, ADRIANO
Address: 211 FREEDOM CT.
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D () Delete
Name: HOPPLE, DAVID
Address: 211 FREEDOM CT.
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: SD () Delete
Name: BARBOSA, DANIELA
Address: 211 FREEDOM CT.
City-St-Zip: DEERFIELD BEACH, FL 33442 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARBOSA, ADRIANO
Address: 4005 BANYAN TRAILS DRIVE
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: D (X) Change () Addition
Name: HOPPLE, DAVID
Address: 4005 BANYAN TRAILS DRIVE
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: SD (X) Change () Addition
Name: BARBOSA, DANIELA
Address: 4005 BANYAN TRAILS DRIVE
City-St-Zip: COCONUT CREEK, FL 33073 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANO BARBOSA

PD

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date