2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver changed, or on an attachment

SIGNATURE:

Apr 19, 2005 8:00 am Secretary of State DOCUMENT # P98000061401 1. Entity Name 04-19-2005 90386 013 ***150.00 ACTION BUSINESS GROUP, INC. Mailing Address Principal Place of Business 1612 N.W. 2ND AVE 1612 N.W. 2ND AVE BOCA RATON FL 33432 BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number 65-0864849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Address of Current Registered Agent FRIEDLANDER, BRADLEY 500 S.E. MIZNER BLVD., #609 **BOCA RATON FL 33432** City 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 (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition Delete THE FRIEDLANDER, BRADLEY NAME NAME 500 S.E. MIZNER BLVD., #609 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Change ☐ Addition THE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP Change ☐ Addition TITLE Delete HUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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 of true tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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