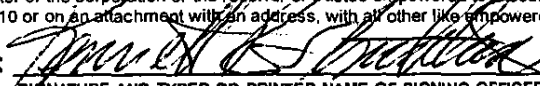


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**200**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90115 047 \*\*\*150.00

<b>DOCUMENT # P99000047833</b> 1. Entity Name FAST ACTION LIQUIDATORS, INC.				DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 2221 CAMPESTRE TERR Suite, Apt. #, etc.		3. Mailing Address 2221 CAMPESTRE TERR Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State NAPLES, FL		DO NOT WRITE IN THIS SPACE	
Zip 34119		Zip 34119			
Country USA		Country USA		4. FEI Number 31-1655227	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
		7. Name and Address of Current Registered Agent			
		Name CORPORATION SERVICE COMPANY			
		Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
City TALLAHASSEE				Zip Code FL 32301	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE	PRESIDENT	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	KENNETH R. STRICKLAND	NAME			
STREET ADDRESS	2221 CAMPESTRE TERR	STREET ADDRESS			
CITY - ST - ZIP	NAPLES, FL 34119	CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4/12/03      239-596-2727			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date      Daytime Phone #			

CR2E034B (12/02)