## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # S74426

1. Entity Name ACTION USA, INC.



**FILED** Apr 27, 2006 08:00 AN Secretary of State

CR2E034 (11/05)

Fee Required

Principal Place of Business

Mailing Address

135 RICARDO WAY

P.O. BOX 12689

ST PETERSBURG, FL 33704

ST. PETERSBURG, FL 33704 US



## DO NOT WRITE IN THIS SPACE

E. Cartificate of Status Dagged	<u>, , , , , , , , , , , , , , , , , , , </u>	\$8.75 Additional
59-3080995		Not Applicable
4. FEI Number		Applied For
		1

6. Name and Address of Current Registered Agent

HAHN, STEPHEN 135 RICARDO WAY ST PETERSBURG, FL 33704

## DO NOT WRITE IN THIS SPACE

No Chg-P

5. Certificate of Status Desired

02232006

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little in	applicable (NOTE Registered	Agen) signature	required when reinstating)	DATE
FIL After Ma	E NOWII! FEE IS \$150.00 ny 1, 2006 Fee will be \$550.00	<ol><li>Election Campaign Finance Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAHN, STEPHEN 135 RICARDO WAY ST PETERSBURG, FL 33704				Unnonnthon (n
THTLE NAME STREET ADDRESS CITY-ST-ZIP					U00000538919 05/09/06-80079-011 150.0
NAME STREET ADDRESS CHY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS GITY ST-ZIP					

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF