


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000082950

1. Entity Name
ACTIVE BUSINESS ALLIANCE, INC.



Principal Place of Business
**705 BUSBEE AVE, STE C
 APOPKA, FL 32703**

Mailing Address
**P.O. BOX 607583
 ORLANDO, FL 32860**

DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3741009 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CALEB, BENEDICT D
 705 BUSBEE AVE, STE C
 APOPKA, FL 32703**

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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)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CALEB, JASMINE 705 BUSBEE AVE, STE C APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALEB, BENEDICT D 705 BUSBEE AVE, STE C APOPKA, FL 32703
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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: *B. D. Calhoun* 3-7-07 407-886-6007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #