2008 FOR PROFIT CORPORATION ANNUAL REPORT



1. Entity Name
ACTIVE DAY FLEET, INC.

DOCUMENT # F05000004999

OWINGS MILLS, MD 21117		OWINGS MILLS, MD 21117				
2. Principal Place of Busi	ness - No PO Bo>#	3. Mailing Address				
Suite. Apt. #, etc.		Suite, Apt. #, etc	c			
City & State		City & State	4.			
Zip	Country	Zip	Country			

FILED Sep 03, 2008 8:00 am Secretary of State 09-03-2008 90004 023 ***150.00

Principal Place of Business 400 REDIAND COURT, SUITE 114 4											
2. Principal Pactor of Business - No P.O. Box * 3. Making Address	Principal Plac	e of Business	Mailing Address				40]	115028			
Suite. Appl. # etc. Suite. Appl. # etc. Suite. Appl. # otc.	400 REDLAND COURT, SUITE 114		400 REDLAND COUR	400 REDLAND COURT, SUITE 114							
City & State	2. Principal Place of Business - No P O Box # 3.		3. Mailing Address	Mailing Address							
20	Suite, Api. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc			07222008	Chg-P	CR2E03	34 (12/06)	
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name Steed: Address (IP O. Box Number is Not Acceptable) City City City FL Zio Code Tam familiar with a purpose of changing its registered agent, or both, in the State of Florids I am familiar with, and second who disjustment for the purpose of changing its registered agent, or both, in the State of Florids I am familiar with, and second who disjustment agent agent with a collegations of registered agent, or both, in the State of Florids I am familiar with, and second with a control agent agent with a collegation of registered agent, or both, in the State of Florids I am familiar with, and second with a control agent agent with a collegation of registered agent, or both, in the State of Florids I am familiar with, and second with a control agent agent with a collegation of registered agent, or both, in the State of Florids I am familiar with, and second agent agent with a collegation of registered agent, or both, in the State of Florids I am familiar with, and second agent agent with a collegation of registered agent, or both, in the State of Florids I am familiar with, and second agent with a collegation of registered agent, or both, in the State of Florids I am familiar with, and second agent with a collegation of registered agent, or both, in the State of Florids I am familiar with, and second agent with a collegation of registered agent, or both, in the State of Florids I am familiar with, and second agent with a collegation of registered agent, or both, in the State of Florids I am familiar with, and second agent with a collegation of registered agent, or both, in the State of Florids I am familiar with, and second agent with a collegation of registered agent, or both, in the State of Florids I am familiar	City & State	е	City & State	<u>-</u>	4					├	
Name	Zip	Country	Zip	Zip Country							
Street Address (P.C. Box Number is Not Acceptable) Street Address (P.C. Box Number is Not Acceptable) City FL ZiD Code 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 turn termitar with, and accept the obligations of registered agent 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 turn termitar with, and accept the obligations of registered agent 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 turn termitar with, and accept the obligations of registered agent 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 turn termitar with, and accept the obligations of registered agent 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 turn termitar with, and accept the statement of the purpose of changing its registered agent, or both, in the State of Florida turn termitar with, and accept the statement of the purpose of changing its registered agent, or both, in the State of Florida turn termitar with, and accept the statement of the purpose of changing its registered agent, or both, in the State of Florida turn termitar with, and accept the statement of the purpose of changing its registered agent, or both, in the State of Florida turn termitar with, and accept the purpose of changing its registered agent, or both, in the State of Florida turn termitar with, and accept the purpose of changing its registered agent, or both in the state of purpose of changing its registered agent, or both in the State of Florida turn termitar with, and accept the purpose of changing its regis		6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	legistered A	gent	
SIGNATURE Signature PLANTATION, FL 33324					Name						
8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according the obligations of registered agent. SIGNATURE Signature Signa	1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE SIGNATURE STEEL NOW!!! FEE IS \$150.00 SEPECTORS STREET ADDRESS S					City	FL Zip Code					е
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indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 it changed, or on an attachierent withan address, with all other like empowered.

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S.	173	N	Δ		IR	-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR