I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. TREASURER

SIGNATURE: MONICA SCHMIDT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 582979 Entity Name: ACTIVE MECHANICAL, INC.

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

301 DECARIE ST. DELRAY BEACH. FL 33444

Current Mailing Address:

PO BOX 70 **41 BACKSIDE LANE** DILDO,NL,CANADA AOB1PO, OC 12345 OC

FEI Number: 59-1860166

Name and Address of Current Registered Agent:

SCHMIDT, SIEGFRIED 301 DECARIE ST. DELRAY BEACH, FL 33444 US

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.

SIGNATURE:

Date Electronic Signature of Registered Agent **Officer/Director Detail :** Р Title Т Title Name SCHMIDT, SIEGFRIED Name SCHMIDT, MONICA Address **41 BACKSIDE LANE** Address **41 BACKSIDE LANE** City-State-Zip: DILDO, NL CANADA AOB1PO OC DILDO, NL CANADA AOB1PO OC City-State-Zip: 12345 12345

Certificate of Status Desired: No

Feb 02, 2016 Secretary of State CC0985729929

FILED

02/02/2016

Date