

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 582979

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: ACTIVE MECHANICAL, INC.

## Current Principal Place of Business:

1801 N MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431

## New Principal Place of Business:

## Current Mailing Address:

1801 N MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431

## New Mailing Address:

FEI Number: 59-1860166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HRAWG CORP.  
1801 N MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHMIDT, SIEGFEID  
Address: P.O. BOX 301  
City-St-Zip: DILDO, NF, CA A0B1P0

Title: SD (X) Delete  
Name: SCHMIDT, HEIDI  
Address: P.O. BOX 301  
City-St-Zip: DILDO, NF, CA A0B1P0

Title: TD ( ) Delete  
Name: SCHMIDT, MONICA  
Address: P.O. BOX 301  
City-St-Zip: DILDO, NF, CA A0B1P0

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SIEGFRIED SCHMIDT

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date