## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Aug 02, 2007 08:00 AN

DOCUMENT # F05000004999  1. Entity Name ACTIVE DAY FLEET, INC.					Se	cretary of	Stat
Principal Place of Business Mailing Address 400 REDLAND COURT, SUITE 114 400 REDLAND COURT, SUITE 000 WINGS MILLS, MD 21117 000 WINGS MILLS, MD 211			14				
E	OO NOT WRITE I	CE	07182007 No Chg-P CR2E034 (11/05)  4. FEI Number				
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					NOT W		
	e named entity submits this statement for the tions of registered agent.  Signature, typed or priviled name of registered agent and bit		d office or register	- <u>,,</u> .	กัดเกิดกา		
FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Trust Fund Contrib				.00 May Be led to Fees	In accordance v corporation did	vith s. 607.193(2)(b), I not receive the prior n	S., the otice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BALDOCK, KRIS 400 REDLAND COURT, SUITE 114 OWINGS MILLS, MD 21117 VT SUNDERLAND, RICK	ECTORS					
STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP RILE	400 REDLAND COURT, SUITE 114 OWINGS MILLS, MD 21117 S COX, MELANIE 400 REDLAND COURT, SUITE 114 OWINGS MILLS, MD 21117		ware		NOT W		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>					

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 shell 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:

\*\*Table 119, Florida Statutes. I further certify that the information indicated on this report of 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.

\*\*Table 119, Florida Statutes. I further certify 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.

\*\*Table 119, Florida Statutes. I further certify 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. I further certify 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. I further certify that the information indicated on this report is true.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> NG OFFICER OR DIRECTOR E AND TYPED OR PRINTED NAME OF