2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT #F06000001788

1. Entity Name
ACTIVESTRATEGY, INC.

Principal Place of Business	Mailing Address
301 E. GERMANTOWN PIKE E NORRITON, PA 19401	301 E. GERMANTOWN PIKE E NORRITON, PA 19401

DO NOT WRITE IN THIS SPACE

03282008 No Chg-P CR2E034 (11/05)

4. FEI Number
23-3041825

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEELE, JACK
13372 MANGROVE ISLE DR
PALM BEACH GARDENS, FL 33410

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

H08000095435
04/17/08-80044-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	STEELE, JACK W
STREET ADDRESS	301 E. GERMANTOWN PIKE
CITY-ST-ZIP	E NORRITON, PA 19401
TITLE	PSD
NAME	BUNTING, JEFF W
STREET ADDRESS	301 E. GERMANTOWN PIKE
CITY-ST-ZIP	E NORRITON, PA 19401
TITLE	D
NAME	CARSON, WILLIAM C
STREET ADDRESS	P O BOX 476
CITY-ST-ZIP	E STROUDSBURG, PA 19301
TITLE	VP
NAME	BRAZUKAS, MICHAEL
STREET ADDRESS	301 E. GERMANTOWN PIKE
CITY-ST-ZIP	E NORRITON, PA 19401
TITLE	T
NAME	REVITT, FRANK
STREET ADDRESS	P O BOX 476
CITY-ST-ZIP	E STROUDSBURG, PA 18301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/31/08 561 596 2573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #