

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004926

FILED  
Jul 16, 2009  
Secretary of State

Entity Name: ACTIVE IDENTITY MANAGEMENT, INC.

## Current Principal Place of Business:

5190 NEIL ROAD  
SUITE 430  
RENO, NV 89502

## New Principal Place of Business:

## Current Mailing Address:

5036 DR. PHILLIPS BLVD, STE 340  
ORLANDO, FL 32819

## New Mailing Address:

FEI Number: 20-0406884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLEN, ROBERT M III  
5036 DR. PHILLIPS BLVD, STE 340  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

ALLEN, ROBERT M II  
5036 DR. PHILLIPS BLVD, STE 340  
ORLANDO, FL 32819 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: ROBERT M. ALLEN II

07/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: ALLEN, ROBERT M III  
Address: 5036 DR. PHILLIPS BLVD, STE 340  
City-St-Zip: ORLANDO, FL 32819

Title: DT ( ) Delete  
Name: KELLENBERGER, CURT A  
Address: 1810A YORK ROAD, STE 107  
City-St-Zip: LUTHERVILLE, MD 21093

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition  
Name: ALLEN, ROBERT M II  
Address: 5036 DR. PHILLIPS BLVD, STE 340  
City-St-Zip: ORLANDO, FL 32819

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: ROBERT M. ALLEN II

DS

07/16/2009

Electronic Signature of Signing Officer or Director

Date