


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000001699 1. Entity Name AFFIRMATIVE LIFESTYLES, INC.	
---	---

Principal Place of Business 10010 SAN PEDRO, SUITE 650 SAN ANTONIO, TX 78216	Mailing Address 10010 SAN PEDRO, SUITE 650 SAN ANTONIO, TX 78216
--	--



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-2541064	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WALLACE, PEGGY S 1110 COUNTRY COURT SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WALLACE, THOMAS W 1110 COUNTRY COURT SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FLEENER, RICHARD A 3210 REDWOOD LODGE DR HUMBLE, TX 77339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000224019
02/10/05-80067-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas W. Wallace **Thomas W. Wallace, J.D.**
Corporate Secretary & General Counsel
AFFIRMATIVE LIFESTYLES, INC. 4 FEB 2005 (210) 341-2855