

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 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**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2541064

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

000000471914
03/29/06-80015-020 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas W. Wallace, J.D.
Corporate Secretary
& General Counsel**

Date

Daytime Phone #

Affirmative Lifestyles, Inc.