

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 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**



04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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**

**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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**000000934213  
05/23/08-80023-013 150.00**

**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	

**DO NOT WRITE  
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:**

*Thomas W. Wallace*

**Thomas W. Wallace, J.D.**

**Corporate Secretary & General Counsel**

**Affirmative Lifestyles, Inc.**

Date

Daytime Phone #

**22 APR 08**

**(210)  
341-2855**