2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # H16121 ACTIVE LIFE STYLES, INC. Principal Place of Business Maiting Address C/O WILLIAM H. RHAWN, JR. 5229 SHADOW LAWN DRIVE C/O WILLIAM H. RHAWN, IR. **5229 SHADOW LAWN DRIVE** SARASOTA FL 34242 SARASOTA, FL 34242 - - - come re's for significant 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-2552687 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent RHAWN, WILLIAM H., JR. DO NOT WRITE 5229 SHADOW LAWN DRIVE SARASOTA, FL 33581 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, 1 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 algorithm required when reinstating) U00000287234 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 04/04/05-80050-010 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RHAWN, WILLIAM H., JR. NAME STREET ADDRESS 5229 SHADOW LAWN DRIVE CITY-ST-ZIP SARASOTA, FL TITLE RHAWN, BARBARA B. 5229 SHAWOW LAWN DRIVE STREET ADDRESS CRY-ST-ZIP SARASOTA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C(TY-51-7)P TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 attechment with an address, with all other like empowered.

SIGNATURE:

941-923-5677

Daving Phone #