

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # H16121

1. Entity Name
 ACTIVE LIFE STYLES, INC.



Principal Place of Business
 C/O WILLIAM H. RHAWN, JR.
 5229 SHADOW LAWN DRIVE
 SARASOTA, FL 34242

Mailing Address
 C/O WILLIAM H. RHAWN, JR.
 5229 SHADOW LAWN DRIVE
 SARASOTA, FL 34242



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2552687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHAWN, WILLIAM H., JR.
 5229 SHADOW LAWN DRIVE
 SARASOTA, FL 33581

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000477195
 04/06/06-80042-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RHAWN, WILLIAM H., JR.
STREET ADDRESS	5229 SHADOW LAWN DRIVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	TS
NAME	RHAWN, BARBARA B.
STREET ADDRESS	5229 SHAWOW LAWN DRIVE
CITY-ST-ZIP	SARASOTA, FL
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Rhawn Jr 3/19/06 941-923-5677

Date

Daytime Phone #