


**'2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # H16121 1. Entity Name ACTIVE LIFE STYLES, INC.	
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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
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01052008 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"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

000000855450  
 03/27/08-80050-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHAWN, WILLIAM H., JR. 5229 SHADOW LAWN DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RHAWN, BARBARA B. 5229 SHAWOW LAWN DRIVE SARASOTA, FL
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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: William H. Rhawn Jr. Pres. William H. Rhawn Jr. 3/9/08 941 923-5677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #