2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H16121

FILED Feb 16, 2009 Secretary of State

Entity Name: ACTIVE LIFE STYLES, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O WILLIAM H. RHAWN, JR. 5229 SHADOW LAWN DRIVE SARASOTA, FL 34242 **Current Mailing Address: New Mailing Address:** C/O WILLIAM H. RHAWN, JR. 5229 SHADOW LAWN DRIVE SARASOTA, FL 34242 FEI Number: 22-2552687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RHAWN, WILLIAM H., JR 5229 SHADOW LAWN DRIVE SARASOTA, FL 33581 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition RHAWN, WILLIAM H., J, R. Name: Name: 5229 SHADOW LAWN DRIVE Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: RHAWN, BARBARA B., Name: 5229 SHAWOW LAWN DRIVE Address: Address: SARASOTA, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. RHAWN JR. PRES 02/16/2009