

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H16121

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** ACTIVE LIFE STYLES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 22-2552687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RHAWN, WILLIAM H., JR.  
Address: 5229 SHADOW LAWN DRIVE  
City-St-Zip: SARASOTA, FL

Title: TS  
Name: RHAWN, BARBARA B.  
Address: 5229 SHAWOW LAWN DRIVE  
City-St-Zip: SARASOTA, FL

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM H. RHAWN JR.

PRES

04/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date