

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000118009

Entity Name: ACTIVE INVEST SOUTH CORPORATION

FILED
Oct 31, 2005
Secretary of State

Current Principal Place of Business:

5205 SARASOTA CT.
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

5205 SARASOTA CT.
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-1068656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANSSON, JEAN
5205 SARASOTA CT
CAPE CORAL, FL 33904 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: PSD () Delete
Name: SETTERGREN, JAN-ERIK
Address: 5205 SARASTA CT.
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: MANSSON, JEAN
Address: 5205 SARASOTA COURT
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LIPSHUTZ, ROBERT M
Address: 3613 DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

Title: VPTD (X) Change () Addition
Name: MANSSON, JEAN
Address: 5205 SARASOTA COURT
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT M. LIPSHUTZ

PSD

10/31/2005

Electronic Signature of Signing Officer or Director

Date