2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 01, 2006 8:00 am Secretary of State DOCUMENT # P01000082950 05-01-2006 90346 004 ***150.00 ACTIVE BUSINESS ALLIANCE, INC. Principal Place of Business Mailing Address 4001000 P.O. BOX 607583 705 BUSBEE AVE. STE C ORLANDO, FL 32860 APOPKA, FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3741009 Not Applicable Country Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALEB, BENEDICT D Street Address (P.O. Box Number is Not Acceptable) 705 BUSBEE AVE, STE C APOPKA, FL 32703 City Zip Code 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. (NOTE: Registered Agent rignature required when renstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition CALEB, JASMINE NAME NAME 705 BUSBEE AVE, STE C STREET ADORESS STREET ADORESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZP ☐ Delete Addition TITLE TITLE Change CALEB, BENEDICT D 705 BUSBEE AVE, STE C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP **Delete** TITLE Change ☐ Addition CALEB, JOSEPH D NAME NAME STREET ADDRESS 705 BUISBEE AVE STE C STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP APOPKA, FL 32703 Change ■ Addition Delete CALEB, ARTHUR D MAME MAME STREET ADDRESS 705 BASBEE AVE STE C STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP APOPKA, FL 32703 TILE ■ Addition TITLE ☐ Detete ☐ Chance STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

4-24-06 407-886-6007