2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM Secretary of State

DOCUMENT # P03000111806 1. Enlity Name ACTIVE 8 USA, INC.							Secr	etary of	State
Principal Place of Business Mailing Address						}			
1566 S FRENCH AVE 1566 S FRENCH AVE SANFORD, FL 32771 SANFORD, FL 32771									
								3 11/334 11 1131	
2. Principal F	lace of Busin	ess	3. Malling Address					EL 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 18	
Suite, Apt. II, etc.			Suite, Apt. #, etc.			02092006	Chg-P	CR2E034 (11/0	5)
City & State			City & State			4. FEI Numb 56-242			Applied For Not Applicable
Zìp		Country	Zip	Cour	ntry	5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional sired
	6. Name	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent Name					
WATTS, GEORGINA E 337 PINE SHADOW					Street Address (P.O. Box Number is Not Acceptable)				
LAKE MARY, FL 32746									
					City FL 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.									
SIGNATURE Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contributor					ncing : \$5	i.00 May Be ded to Fees	000000 03/21/ 06 -	463828 00089-022	.50.00
10.	PD	OFFICERS AND				ADDITIONS	/CHANGES TO OFF		
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CITY-ST-ZIP	<u> </u>			•	-ST-ZIP	41-0-	N Florida Service	A calcon a constant of the con-	_ [
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 ollicar 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.									