


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 025 ***150.00

DOCUMENT # P05000011690 1. Entity Name PRO ACTIVE FIXTURES INCORPORATED	
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Principal Place of Business 1513 DOLGNER PLACE SANFORD, FL 32771	Mailing Address 1513 DOLGNER PLACE SANFORD, FL 32771
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2. Principal Place of Business - No P.O. Box # 2219 COTTAGE STREET Suite, Apt. #, etc.	3. Mailing Address 968 SUMMIT DRIVE Suite, Apt. #, etc.
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03102008 Chg-P CR2E034 (12/06)

City & State ASHLAND, OH 44805 Zip Country	City & State ASHLAND, OH 44805 Zip Country
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4. FEI Number 20-2136608	Applied For Not Applicable
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6. Name and Address of Current Registered Agent KLINE, JAMES C 297 MARSH LANDING CIR DEBARY, FL 32713	7. Name and Address of New Registered Agent Name JAMES C. KLINE Street Address (P.O. Box Number is Not Acceptable) c/o DERIC ALLMAN 610 HICKMAN CIRCLE, STE D City State Zip Code SANFORD, FL 32771
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P KLINE, JAMES C	<input type="checkbox"/> Delete	TITLE	JAMES C, KLINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINE, JAMES C		NAME	JAMES C, KLINE	
STREET ADDRESS	297 MARSHLANDING CIR		STREET ADDRESS	968 SUMMIT DRIVE	
CITY - ST - ZIP	DEBARY, FL 32713		CITY - ST - ZIP	ASHLAND, OH 44805	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____ Date: **4-3-08** Daytime Phone #: **600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR