


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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City & State ASHLAND, OH 44805 Zip Country	City & State ASHLAND, OH 44805 Zip Country
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03102008 Chg-P CR2E034 (12/06)

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 SANFORD, FL
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	P KLINE, JAMES C	<input type="checkbox"/> Delete	TITLE NAME	JAMES C, KLINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	297 MARSHLANDING CIR		STREET ADDRESS	968 SUMMIT DRIVE	
CITY - ST - ZIP	DEBARY, FL 32713		CITY - ST - ZIP	ASHLAND, OH 44805	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ 4-3-08 600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #