2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000022185

Entity Name: ACTIVE HEALTH REVIEW TRAINING, INC.

FILED Mar 15, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5040 NW 7TH ST STE 714 MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

5040 NW 7TH ST STE 714 5040 NW 7TH STREET MIAMI, FL 33126 SUITE # 714 MIAMI, FL 33126

FEI Number: 59-3834437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BREIJO, ARIELYS 5040 NW 7TH ST STE 714 MIAMI, FL 33126 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

 Name:
 BREIJO, ARIELYS

 Address:
 5040 NW 7TH ST STE 714

 City-St-Zip:
 MIAMI, FL 33126

Title: CEO

Name: SANCHEZ, AMPARO N

Address: 5040 N.W 7 STREET, SUITE 714

City-St-Zip: MIAMI, FL 33126

Title: VICE

Name: RODRIGUEZ, YORDANSKA Address: 5040 N.W 7 STREET, SUITE # 714

City-St-Zip: MIAMI, FL 33126

Title: CEO

Name: SANCHEZ, AMPARO N Address: 5040 NW 7TH ST STE 714

City-St-Zip: MIAMI, FL 33126

Title: VF

 Name:
 RODRIGUEZ, YORDANSKA

 Address:
 5040 NW 7TH ST STE 714

 City-St-Zip:
 MIAMI, FL 33126

I hereby 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 all other like empowered.

SIGNATURE: ARIELYS BREIJO P 03/15/2010