2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P13808

FILED Jan 18, 2005 8:00 am Secretary of State

01-18-2005 90026 035 ***150.00

ACTIVAN	T SOLUTIONS INC.									
804 LAS CIMAS PKWY SUITE 200 8			804 LAS CIMAS PKWY SUITE 200		40001275					
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01072005	Chg-P	CR2E	034 (10/0	03)	
City & State		City & State	City & State		4. FEI Number 94-2160	013			Applied For Not Applicable	
Zip	Country	Zip	Country	<u> </u>	5. Certificate of			Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip (Code	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent		egistered office of			, in the State of	f Florida. I am	familiar w	with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contrib		\$5.0 Added	May Be to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO (OFFICERS AND) DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REW, RICHARD W 11 804 LAS CIMAS PARKWAY # 20 AUSTIN, TX 78746	□ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP					☐ Chan	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP PETERSON, GREG 804 LAS CIMAS PKWY STE 200 AUSTIN, TX 78746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Chan	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SPELTZ, CHRISTOPHER 804 LAS CIMAS PKWY STE 200 AUSTIN, TX 78746	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Chan	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB AVILES, MICHAEL 804 LAS CIMAS PARKWAY # 20 AUSTIN, TX 78746	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		B/D s, Lar Las Ci		ustin	TX	. –	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, JAMES R 804 LAS CIMAS PARKWAY # 20 AUSTIN, TX 78746	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Char	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLONNETTA, JOSEPH 804 LAS CIMAS PKWY STE 200 AUSTIN, TX 78746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	ie, Ja Las Ci		ustin	XXChar		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:	Kirt Rua	Richard Rew/Secret	ary 1/7/05	512.278.561	15
	SIGNATURE AND TYPED OR PRINTED NAME OF SIG	NING OFFICER OR DIRECTOR	Date		1