


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-13-2005 90006 009 ***150.00

DOCUMENT # P 9300025870	
1. Entity Name Active Insurance Agency, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 31 South St Rd 7		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plantation		City & State	
Zip 33317	Country USA	Zip	Country

66023440

DO NOT WRITE IN THIS SPACE

4. FEI Number 650 419433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

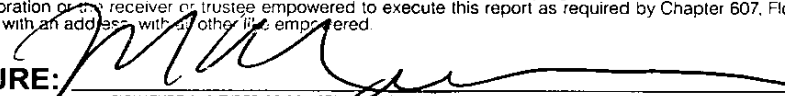
7. Name and Address of Current Registered Agent	
Name Mertileen Mahabeer	
Street Address (P.O. Box Number is Not Acceptable) 5940 Woodland Point Drive	
City Tamarae	FL Zip Code 33319

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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Mertileen Mahabeer 5940 Woodland Pt Drive Tamarae, FL 33319	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, without other like empowered.	
SIGNATURE: 	67505-954-583-1553 Date Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

CR2E034B (12/02)

*Attachment X Payment
was sent in
in April 2005*



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

66023440

May 23, 2005

ACTIVE INSURANCE AGENCY, INC.
31 S SR 7
PLANTATION, FL 33317-115

SUBJECT: ACTIVE INSURANCE AGENCY, INC.
Ref. Number: P93000025870

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 505A00036837

Tue 6-17-05