
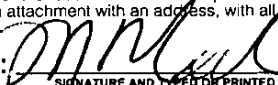


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90003 012 ***150.00

| | | | | | |
|--|-----------------------------------|---|---|---|--|
| DOCUMENT # P93000025870 1. Entity Name ACTIVE INSURANCE AGENCY, INC. | | | |  | |
| Principal Place of Business 31 SOUTH STATE ROAD 7 PLANTATION, FL 33317 US | | | Mailing Address 31 SOUTH STATE ROAD 7 PLANTATION, FL 33317 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 05242006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 65-0419433 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MAHABEER, MERTILEEN 5940 WOODLAND POINT DRIVE FORT LAUDERDALE, FL 33319 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MAHABEER, MERTILEEN | | NAME | | |
| STREET ADDRESS | 5940 WOODLAND POINT DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMARAC, FL 33319 | | 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 | | |
| 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: 6/01/06 Daytime Phone #: 904-583-9898 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

ATTACHMENT
40095133

Florida Department of State Division of Corporations

www.sunbiz.org

Public Inquiry

Florida Profit

ACTIVE INSURANCE AGENCY, INC.

PRINCIPAL ADDRESS

31 SOUTH STATE ROAD 7
 PLANTATION FL 33317 US
 Changed 06/20/2005

MAILING ADDRESS

31 SOUTH STATE ROAD 7
 PLANTATION FL 33317 US
 Changed 06/20/2005

Document Number
 P93000025870

FEI Number
 650419433

Date Filed
 04/05/1993

State
 FL

Status
 ACTIVE

Effective Date
 NONE

Last Event
 AMENDMENT

Event Date Filed
 07/16/1993

Event Effective Date
 NONE

Registered Agent

| Name & Address |
|--|
| MAHABEER, MERTILEEN 5940 WOODLAND POINT DRIVE FORT LAUDERDALE FL 33319 |
| Name Changed: 07/16/1993 |
| Address Changed: 06/20/2005 |

Officer/Director Detail

| Name & Address | Title |
|--|-------|
| MAHABEER, MERTILEEN 5940 WOODLAND POINT DRIVE | D |

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2003 | 05/05/2003 |