

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000072271

Entity Name: ACTIVE SYSTEMS, INC.

FILED
Mar 08, 2004
Secretary of State

Current Principal Place of Business:

11370 TWELVE OAKS WAY
414
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

11370 TWELVE OAKS WAY
414
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 65-0447758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLMAN, MAYNARD J
150 S PINE ISLAND
PLDISTRION, FL 33324 US

Name and Address of New Registered Agent:

HELLMAN, MAYNARD J
150 S PINE ISLAND
PLANTATION, FL 33324 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:

03/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LABBEE, M.F.
Address: 11370 TWELVE OAKS WAY 414
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S () Delete
Name: KINNARD, DEANNA LABBEE
Address: 8626 SW 202 ST
City-St-Zip: ARCHER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: M.F. LABBEE

P

03/08/2004

Electronic Signature of Signing Officer or Director

Date