04/28/2004 02:01 407-4255102 BAKER & HYA

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90686 050 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000005875

1. Entity Name
ACTIVE MIND, INC.

Principal Place of Business	Mailing Address
10111 VIRGINIA DRIVE SUITE 101 ORLANDO, FL 32803	10111 VIRGINIA DRIVE SUITE 101 ORLANDO, FL 32803

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1011 Virginia Drive		1011 Virginia Drive	
Suite, Apt. #, etc.: Suite 101		Suite, Apt. #, etc.: Suite 101	
City & State: Orlando, FL		City & State: Orlando, FL	
Zip: 32803	Country: USA	Zip: 32803	Country: USA

4. FEI Number 59-3296436 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POPICK, DAVID
1041 TUSCANY PLACE
WINTER PARK, FL 32789

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MANLEY, CHARLES T JR 1043 PALM COVE DRIVE ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ALEXANDER, CHRISTOPHER D 1043 PALM COVE DRIVE ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Charles T Manley Jr 4/28/04 4078984638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #