

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000032541

1. Entity Name  
 ACTIVE INTELLECT, INC.



Principal Place of Business  
 8697 ETHANS GLEN TERR  
 JACKSONVILLE, FL 32256 US

Mailing Address  
 2955 HARTLEY ROAD, SUITE 204  
 JACKSONVILLE, FL 32257 US



02282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0750361** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOMATINENI, SATYANARAYANA  
 8697 ETHANS GLEN TERR.  
 JACKSONVILLE, FL 32256

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

00000503508  
 04/26/06 80032-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PDST  
 NAME KOMATINENI, SATYANARAYANA  
 STREET ADDRESS 8697 ETHANS GLEN TERR  
 CITY-ST-ZIP JACKSONVILLE, FL 32256

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 CITY-ST-ZIP

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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:

*SATYA KOMATINENI*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2006

904-662-5427  
 Date Daytime Phone #