


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90071 047 \*\*\*550.00

<b>DOCUMENT # P97000032541</b>	
1. Entity Name <b>ACTIVE INTELLECT, INC.</b>	

Principal Place of Business <b>8697 ETHANS GLEN TERR JACKSONVILLE, FL 32256 US</b>	Mailing Address <b>2955 HARTLEY ROAD, SUITE 204 JACKSONVILLE, FL 32257 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>165 Wells Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 304</b>
City & State	City & State <b>Orange Park, FL</b>
Zip	Zip <b>32073</b>
Country	Country

40111100

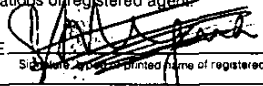


02092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0750361</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>KOMATINENI, SATYANARAYANA 8697 ETHANS GLEN TERR. JACKSONVILLE, FL 32256</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

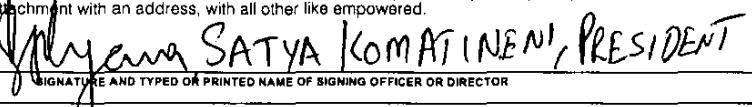
SIGNATURE  DATE

Signature must be printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PDST KOMATINENI, SATYANARAYNA 8697 ETHANS GLEN TERR JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, PRESIDENT** **4/5/2007** **904-662-5427**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #