2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P97000081010

Entity Name: ACTIVE LIVING, INC.

Current Principal Place of Business:

638 MAYO ST. N.
CRYSTAL BCH., FL 34681

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 973
CRYSTAL BCH., FL 34681

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROSSMAN, SUSAN L
P. O. BOX 973
CRYSTAL BCH., FL 34681 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GROSSMAN, SUSAN L MS
Address: P. O. BOX 973
City-St-Zip: CRYSTAL BCH., FL 34681

Title: O ( ) Delete
Name: BURELL, NEIL A MR
Address: P. O. BOX 430340
City-St-Zip: MIAMI, FL 33243

Title: O ( ) Delete
Name: DONNER, DONNA J MRS
Address: 2696 LEVY COURT
City-St-Zip: PALM HARBOR, FL

Title: O ( ) Delete
Name: GROSSMAN, RYAN M MR
Address: P. O. BOX 973
City-St-Zip: CRYSTAL BCH., FL 34681

Title: O ( ) Delete
Name: HUNTER, ROBERT K MR
Address: 9916 MARK TWAIN LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: O ( ) Delete
Name: GROSSMAN, ALICIA A MISS
Address: P. O. BOX 973
City-St-Zip: CRYSTAL BCH., FL 34681

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 exemption stated 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 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: SUSAN L. GROSSMAN D 03/27/2009
Electronic Signature of Signing Officer or Director — Date