

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000098527

FILED
Jan 14, 2008
Secretary of State

Entity Name: ACTIVE CABLING INC.

Current Principal Place of Business:

83 WALDON RD.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

85 WALDON RD.
CRAWFORDVILLE, FL 32327

Current Mailing Address:

83 WALDON RD.
CRAWFORDVILLE, FL 32327

New Mailing Address:

85 WALDON RD.
CRAWFORDVILLE, FL 32327

FEI Number: 59-3900917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHYLKOFSKI, AL
83 WALDON RD.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

SHYLKOFSKI, AL
85 WALDON RD.
CRAWFORDVILLE, FL 32327 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: _____

Electronic Signature of Registered Agent

01/14/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHYLKOFSKI, AL
Address: 83 WALDON ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHYLKOFSKI, AL
Address: 85 WALDON ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: AL SHYLKOFSKI

Electronic Signature of Signing Officer or Director

P

01/14/2008

Date