2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002031

FILED Mar 06, 2006 Secretary of State

Entity Name: THE CENTER FOR POSITIVE CONNECTIONS, INC.

Current Principal Place of Business: New Principal Place of Business: 12570 N.E. 7TH AVE #104 NORTH MIAMI, FL 33161 US **New Mailing Address: Current Mailing Address:** 12570 N.E. 7TH AVE #104 NORTH MIAMI, FL 33161 US FEI Number: 65-0669709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAPLAN, SHERI 12570 N.E. 7TH AVE #104 NORTH MIAMI, FL 33161 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PHILIPS, ARNETTA E RIASCOS, JUAN C Name: Name: 1201 N.W. 16TH STREET (D-610C) Address: 1500 NW 12 AVE., 8 WEST Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33136 Title: () Delete Title: (X) Change () Addition PELAYO, JOSE A Name: NEWMAN, DAVID P Name: Address: 6767 COLLINS AVE Address: 2470 TRAPP AVENUE City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI, FL 33133 Title: () Delete Title: () Change () Addition HARRIS, LAWRENCE J Name: Name: 160 CYPRESS CLUB DR #609 Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: FERRER, LUIGI Name: KONSCHNIK, JIM 6700 SW 52ND STREET 1475 NW 14 AVE. Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33125 Title: () Delete Title: (X) Change () Addition ARIAS, ADA STROY-MARTIN, CRICI Name: Name: 8309 NW 22ND AVE. 7975 NW 154 ST #340 Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI, FL 33147 Title: () Delete Title: (X) Change () Addition PHILLIPS, ARNETA E NEWMAN, DAVID P Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1201 NW 16 STREET, #D610C

MIAMI, FL 33125

SIGNATURE: SHERI KAPLAN ED 03/06/2006

Address:

City-St-Zip:

2470 TRAPP AVE

MIAMI, FL 33133