2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767970

Entity Name: CENTER FOR POSITIVE LIVING, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
330 S. PINEAPPLE AVE 210 SARASOTA, FL 34236 US	

Current Mailing Address:	**New Mailing Address:**
330 S. PINEAPPLE AVE 210 SARASOTA, FL 34236 US	

FEI Number: 94-2778677   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:**
RITZ, DAVID O 330 S. PINEAPPLE # 210 SARASOTA, FL 34236 US	RITZ, DAVID O 330 S. PINEAPPLE #210 SARASOTA, FL 34236 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: _____   04/22/2010
            Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

Title: BM
Name: OWEN RITZ, DAVID
Address: 330 S. PINEAPPLE AVE #210
City-St-Zip: SARASOTA, FL 34236

Title: BM
Name: HART, ANA
Address: 1890 RITA ST
City-St-Zip: SARASOTA, FL 34231

Title: VP
Name: MARKS, RICK
Address: 2308 TANGLEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: TREA
Name: MARTEL, LAUREEN
Address: 412 EAST MACEUEN DRIVE
City-St-Zip: OSPREY, FL 34229

Title: BP
Name: FERN, DON
Address: 6353 JARVIS ROAD
City-St-Zip: SARASOTA, FL 34241

Title: BM
Name: SEABORN, PATRICIA
Address: 1600 PALMETTO LANE
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: DAVID OWEN RITZ   DIR.   04/22/2010
            Electronic Signature of Signing Officer or Director   Date