2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029417

Address:

City-St-Zip:

TAMPA, FL 33629

Entity Name: POSITIVE ABILITIES, LLC

FILED Feb 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4016 HENDERSON BOULEVARD SUITE D TAMPA, FL 33629 **Current Mailing Address: New Mailing Address:** 4016 HENDERSON BOULEVARD SUITE D TAMPA, FL 33629 FEI Number: 73-1732659 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: KOSAN, RICHARD R ESQUIRE 112 WEST WINDHORST ROAD BRANDON, FL 33510 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete Name: WAGNER, AMY M Name: Address: 4016 HENDERSON BOULEVARD, SUITE D Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LYNCH, BRIDGET M Name: Address: 4016 HENDERSON BOULEVARD, SUITE D Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GONZALEZ, KIMBERLY R Name: Name: 4016 HENDERSON BOULEVARD, SUITE D

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: BRIDGET M. LYNCH **MGRM** 02/07/2007