## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005705

FILED Apr 26, 2006 Secretary of State

Entity Name: POSITIVE CHOICES COMMUNITY EMPOWERMENT CORPORATION

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	LYWOOD BLVD			
SUITE 22 HOLLYW	9 OOD, FL 33021			
Current Mailing Address: 1302 HOLLYWOOD BLVD SUITE 229 HOLLYWOOD, FL 33021		New Mailing Address: 4131 SW 27 STREET HOLLYWOOD, FL 33023		
				El Numbe
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
UITE 22	LLYWOOD BLVD. 9 OOD, FL 33021 US	3		
the Stat	te of Florida.	nits this statement for the p	ourpose of changing its registere	d office or registered agent, or both
the Sta	te of Florida. <sup>*</sup> JRE:	·		d office or registered agent, or both
n the Stat	te of Florida. <sup>*</sup> JRE:	ignature of Registered Age	ent	d office or registered agent, or both  Date  ES TO OFFICERS AND DIRECTO
the Star IGNATU IFFICER tle: ame: ddress:	te of Florida.  JRE: Electronic Si  RS AND DIRECTOR  P () Dele MACK, TYMIRA W P.O. BOX 2181	ignature of Registered Age R <b>S:</b> te	ent	Date
the Star IGNATU FFICER ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	te of Florida.  JRE:  Electronic Si  RS AND DIRECTOR  P () Dele  MACK, TYMIRA W  P.O. BOX 2181	ignature of Registered Age  S:  te  3022  te  JR.	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
the State	te of Florida.  JRE:  Electronic Si  RS AND DIRECTOR  P () Dele  MACK, TYMIRA W P.O. BOX 2181  HOLLYWOOD, FL 3  VP () Dele  ADDISON, WILLIE P.O. BOX 3193  JACKSONVILLE, FL  S () Dele  WILLIAMS, OPHELIA P.O. BOX 2181	ignature of Registered Age  IS:  Ite  ISO22  Ite  IR.  IR.  ISO206  Ite  IR.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

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.

SIGNATURE: TYMIRA W. MACK P 04/26/2006