


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90025 038 \*\*\*\*61.25

<b>DOCUMENT # N03000006427</b>	
1. Entity Name <b>POSITIVE ATTITUDES OF JACKSONVILLE, INC.</b>	

Principal Place of Business <b>3820 LAVISTA CIRCLE, #116 JACKSONVILLE, FL 32217</b>	Mailing Address <b>3820 LAVISTA CIRCLE, #116 JACKSONVILLE, FL 32217</b>
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2. Principal Place of Business <b>PMB # 272</b> Suite, Apt. #, etc. <b>1650 MARGARET ST. SUITE 302</b> City & State <b>JACKSONVILLE, FL</b> Zip <b>32204-3869</b> Country <b>U.S.</b>	3. Mailing Address <b>PMB # 272</b> Suite, Apt. #, etc. <b>1650 MARGARET ST. SUITE 302</b> City & State <b>JACKSONVILLE, FL</b> Zip <b>32204-3869</b> Country <b>U.S.</b>
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01062006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>57-1181310</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SARAGA, FRIEDA 3820 LAVISTA CIRCLE, #116 JACKSONVILLE, FL 32217</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SARAGA, FRIEDA 3820 LAVISTA CIRCLE, #116 JACKSONVILLE, FL 32217</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HIGGISON, JUDY 2950 ST. JOHNS AVE., #9 JACKSONVILLE, FL 32205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FITZPATRICK, ROBERT 3628 ERNEST ST. JACKSONVILLE, FL 32205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Frieda Saraga **1/6/06 904 348-8664**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #