
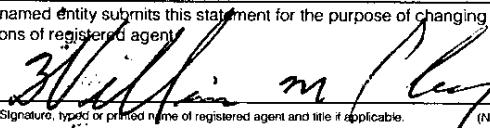
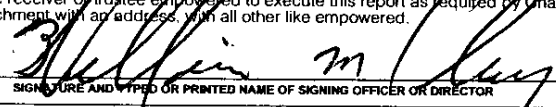


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90219 031 \*\*\*\*69.50

<b>DOCUMENT # N03000006500</b> 1. Entity Name <b>POSTIVE HOUSE, INC.</b>					
Principal Place of Business <b>3741 FAIRVIEW AVENUE FORT MYERS, FL 33916</b>			Mailing Address <b>P.O. BOX 51365 FORT MYERS, FL 33905</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 51365</b> Suite, Apt. #, etc. <b>FT. Myers FL 33905</b>			
City & State <b>FT. Myers FL</b>		City & State <b>FT. Myers FL</b>		4. FEI Number <b>04-3767341</b>	
Zip <b>33905</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CLAY, WILLIAM M 3741 FAIRVIEW AVENUE FORT MYERS, FL 33916</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small>            DATE         </div> </div>					
<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 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>A</b> <b>CLAY, WILLIAM M</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAY, WILLIAM M</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 51365</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT. MYERS, FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>  <div style="float: right; text-align: right;"> <b>4-10-06</b>  <small>Date</small> </div>					