2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006963

Address:

City-St-Zip:

16020 NW 37TH COURT

MIAMI GARDENS, FL 33054

FILED Apr 30, 2008 Secretary of State

Entity Nam	ne: POSITIVE	START, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
SUITE #310	STH STREET)-B AMI, FL 33161	l			
Current Ma	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
SUITE #310	STH STREET D-B AMI, FL 33161	l			
FEI Number:	16-1680277	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BROWN, SHERMAN P 915 NE 125TH STREET SUITE #310 NORTH MIAMI, FL 33161 US			BROWN, SHERMAN P 915 NE 125TH STREET SUITE #310-B NORTH MIAMI, FL 33161 US		
The above in the State		ubmits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/30/2008	
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () BROWN, SHER 915 NE 125TH # NORTH MIAMI,	 \$310-B	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () LEE, CLARISSA 20025 NE 3RD MIAMI, FL 3317	COURT #6	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () KING, JIM 10974 SW 1587 MIAMI, FL 3315		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	D () MONROE, WAN	Delete DA	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: SHERMAN BROWN P 04/30/2008