

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002703

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: POSITIVE PEER PRESSURE INC.

**Current Principal Place of Business:**

6873 WEST COLONIAL DRIVE  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

6873 WEST COLONIAL DRIVE  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BATTLE-WHITTAKER, DELORIS W  
6873 WEST COLONIAL DRIVE  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BATTLE-WHITTAKER, DELORIS W  
Address: 6873 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: JONES, PHYLLIS M  
Address: 6873 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DELORIS BATTLEWHITTAKER

OWNE

04/30/2009

Electronic Signature of Signing Officer or Director

Date