

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004505

FILED  
May 13, 2007  
Secretary of State

Entity Name: POSITIVE ALTERNATIVES, INC.

## Current Principal Place of Business:

315 FOURTEENTH ST., NW  
SUITE 2150  
ATLANTA, GA 30318 US

## New Principal Place of Business:

## Current Mailing Address:

315 FOURTEENTH ST.,NW  
STE 2150  
ATLANTA, GA 30318 US

## New Mailing Address:

FEI Number: 65-0658420      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

STARKE, LEONARDO  
3340 SW 32 AVE.  
COURTYARD SUITE  
MIAMI, FL 33133 US

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: DVT ( ) Delete  
Name: HAYWOOD, ROSE  
Address: 7889 SADDLEBROOK DR.  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DP ( ) Delete  
Name: MCNEIL, RYAN D  
Address: 315 FOURTEENTH ST., NW SUITE 3000  
City-St-Zip: ATLANTA, GA 30318

Title: DS ( ) Delete  
Name: STARKE, LEONARDO  
Address: 3340 MCDONALD STREET  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RYAN MCNEIL

DP

05/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date