




2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000057998 1. Entity Name _____ POSITIVE SOLUTIONS, INC.							
Principal Place of Business _____ Mailing Address _____ 8824 SE OAK GROVE TERRACE 8824 SE OAK GROVE TERRACE HOBE SOUND FL 33455 HOBE SOUND FL 33455				 1st MOORE CR2E034 (10/04)			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____					
City & State _____		City & State _____					
Zip _____ Country _____		Zip _____ Country _____		4. FEI Number 41-2046484 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 1st MOORE CR2E034 (10/04)			
6. Name and Address of Current Registered Agent WINER, ROBERT H 8824 SE OAK GROVE TERR HOBE SOUND FL 33455							
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </td> <td style="width: 40%; padding: 5px;"> 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees </td> </tr> </table>						FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000249089 03/02/05-80054-022 150.00			
NAME	WINER, ROBERT H		NAME				
STREET ADDRESS	8824 SE OAK GROVE TERRACE		STREET ADDRESS				
CITY - ST - ZIP	HOBE SOUND FL 33455		CITY - ST - ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WINER, LESLIE A		NAME				
STREET ADDRESS	8824 SE OAK GROVE TERRACE		STREET ADDRESS				
CITY - ST - ZIP	HOBE SOUND FL 33455		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				
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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 exemption stated in Section 119.07(3)(f), 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 607, 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: <i>Leslie A. Winer</i> LESLIE A. WINER 2/25/05 772-545-9395 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							