

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000057998

1. Entity Name
POSITIVE SOLUTIONS, INC.



Principal Place of Business
**8824 SE OAK GROVE TERRACE
HOBE SOUND, FL 33455**

Mailing Address
**8824 SE OAK GROVE TERRACE
HOBE SOUND, FL 33455**



01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2046484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WINER, ROBERT H
8824 SE OAK GROVE TERR
HOBE SOUND, FL 33455**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-statuting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WINER, ROBERT H
STREET ADDRESS	8824 SE OAK GROVE TERRACE
CITY - ST - ZIP	HOBE SOUND, FL 33455

TITLE	SD
NAME	WINER, LESLIE A
STREET ADDRESS	8824 SE OAK GROVE TERRACE
CITY - ST - ZIP	HOBE SOUND, FL 33455

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/20/06-80009-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: *Leslie A. Winer* **LESLIE A. WINER** 1/31/06 772-545-9395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #