2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000083226

1. Entity Name
AFFIRMATIVE PRODUCTS INC.

Principal Place of Business	Mailing Address
3960 OAK TRIAL RUN APT 3302	PO BOX 290372
PORT ORANGE, FL 32127	PORT ORANGE, FL 32129

K change *SAME*

03112005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number   ☐ Applied For
11-1646553   ☐ Not Applicable

5. Certificate of Status Desired   ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAKE, JUSTIN
3960 OAK TRIAL RUN APT 3302
PORT ORANGE, FL 32127

**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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PVST
NAME	BLAKE, JUSTIN
STREET ADDRESS	3960 OAK TRIAL RUN APT 3302
CITY-ST-ZIP	PORT ORANGE, FL 32127

New principal address! Ct.
1109 Southlands
Port Orange, FC 32129

please make change to principal address, but mailing address stays the same

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   4/28/05   (386) 295-5182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #