

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90295 001 ***158.75

DOCUMENT # P02000083226

1. Entity Name
AFFIRMATIVE PRODUCTS INC.



Principal Place of Business
**1109 SOUTHLANDS
PORT ORANGE, FL 32129**

Mailing Address *New Address;*
**PO BOX 290372
PORT ORANGE, FL 32129**
*PO Box 211
Daytona Beach FL 32115*

40087800



DO NOT WRITE IN THIS SPACE

03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
11-1646553

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

4/7/06 (386) 295-5182

ATTACHMENT 40087800

PO2000083224

 **CCP** www.ccponline.com

~~★~~ New Mailing Address

~~★~~ Affirmative Products Inc
PO Box 211
Daytona Beach, FL 32115