

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132635

Entity Name: POSITIVE ASPECTS, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

500 E. BROWARD BLVD.
SUITE 1125
FT. LAUDERDALE, FL 33394

Current Mailing Address:

500 E. BROWARD BLVD.
SUITE 1125
FT. LAUDERDALE, FL 33394

New Principal Place of Business:

6600 NORTH ANDREWS AVENUE
SUITE #310
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

6600 NORTH ANDREWS AVENUE
SUITE #310
FT. LAUDERDALE, FL 33309 US

FEI Number: 35-2320423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFER, KEITH A ESQ
1720 HARRISON STREET
SUITE 7A
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: ORLANDO, JOHN
Address: 11647 NW 69TH PLACE
City-St-Zip: PARKLAND, FL 33076 US

Title: VP () Delete
Name: MCLELLAN, MICKEY
Address: 4100 NW 100TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP () Delete
Name: STEIN, CHAZONI
Address: 630 NE 173RD TERRACE
City-St-Zip: N. MIAMI BEACH, FL 33162 US

Title: VP () Delete
Name: JOHNS, DONALD
Address: 110 N. FEDERAL HWY, #618
City-St-Zip: FT. LAUDERDALE, FL 33301 US

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:

Title: VP (X) Change () Addition
Name: JOHNS, DONALD
Address: 1012 N.E. 3RD STREET
City-St-Zip: FT. LAUDERDALE, FL 33301 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ORLANDO

P,S

04/21/2009

Electronic Signature of Signing Officer or Director

Date