


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90024 022 \*\*\*150.00

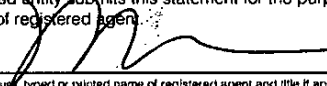
<b>DOCUMENT # P96000062771</b>	
1. Entity Name <b>AFFIRMATIVE SOLUTIONS, INC.</b>	

Principal Place of Business <b>1240 CENTER PLACE SARASOTA, FL 34236 US</b>	Mailing Address <b>1240 CENTER PLACE SARASOTA, FL 34236 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

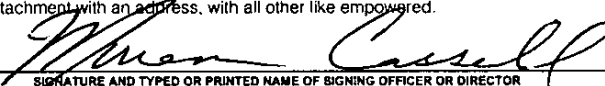
6. Name and Address of Current Registered Agent	
<b>GRAVES &amp; STEPHAN CHARTERED 2033 WOOD ST SUITE 200 SARASOTA, FL 34237</b>	

7. Name and Address of New Registered Agent	
Name <b>MICHAEL S. STEPHAN CHARTERED</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>2033 WOOD STREET SUITE 200</b>	
City <b>SARASOTA</b>	FL Zip Code <b>34237</b>

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 	DATE <b>11/14/08</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CASSELL, MIRIAM 1240 CENTER PLACE SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	DATE <b>3/10/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	