

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90430 030 ***158.75

DOCUMENT # P98000016327		
1. Entity Name AFFIRMATIVE TECHNOLOGIES, INC.		
Principal Place of Business 35111 US HWY 19 NORTH STE 200 PALM HARBOR, FL 34684-1907	Mailing Address 35111 US HWY 19 NORTH STE 200 PALM HARBOR, FL 34684-1907	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TITTERUD, RICHARD W 35111 US HWY 19 NORTH STE 200 PALM HARBOR, FL 34684-1907		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 registering)		
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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TITTERUD, RICHARD W 35111 US HWY 19 NORTH PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BASSOUS, HABIB 35111 US HWY 19 NORTH PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u><i>Richard Titterud</i></u> Richard Titterud <u>1/3/2005</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President Date: _____ Daytime Phone #: _____



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3502974

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**