2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000016327

1. Entity Name

AFFIRMATIVE TECHNOLOGIES, INC.



FILED Apr 28, 2008 08:00 AM Secretary of State

Principal Place of Business

35111 US HWY 19 NORTH

STE 200

PALM HARBOR, FL 34684-1907



Mailing Address

35111 US HWY 19 NORTH

STF 200

PALM HARBOR, FL 34684-1907



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01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3502974

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TITTERUD, RICHARD W 35111 US HWY 19 NORTH **STE 200** PALM HARBOR, FL 34684-1907

PALM HARBOR, FL 34684

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TITTERUD, RICHARD W NAME STREET ADDRESS 35111 US HWY 19 NORTH CITY-ST-ZIP PALM HARBOR, FL 34684 TITLE NAME BASSOUS, HABIB STREET ADDRESS 35111 US HWY 19 NORTH

STREET ADDRESS DO NOT WRITE

CITY-ST-7IP THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP 0.27 140.2 Livian Eddin NAME SHOP BUT 18 STREET ADDRESS CITY-ST-ZIP

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 eath; 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 attactpuent with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR