

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90153 047 ***150.00

DOCUMENT # S09485

1. Entity Name

POSITIVE DIRECTIONS, INC.



Principal Place of Business

**541 S SR 7
STE 10
MARGATE FL 33068
US**

Mailing Address

**541 S SR 7
STE 10
MARGATE FL 33068
US**



2. Principal Place of Business

767 S. STATE ROAD 7

3. Mailing Address

767 S. STATE ROAD 7

Suite, Apt. #, etc.

16

Suite, Apt. #, etc.

16

City & State

MARGATE, FLORIDA

City & State

MARGATE, FLORIDA

4. FEI Number

65-0232845

Applied For

Not Applicable

Zip

33068

Country

FLORIDA

Zip

33068

Country

FLORIDA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**BLASER PORTE, MEG
541 S STATE RD 7 SUITE 10
MARGATE FL 33068**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

767 S. STATE ROAD 7

SUITE 16

City **MARGATE**

FL

Zip Code
33068

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BLASER-PORTE, MEG MEG**
STREET ADDRESS **541 S. STATE RD. 7, SUITE 10**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE **VT** ☐ Delete
NAME **HARMON, SALLY**
STREET ADDRESS **541 S. STATE ROAD 7, SUITE 10**
CITY-ST-ZIP **MARGATE FL**

TITLE **S** ☐ Delete
NAME **HARMON, SALLY**
STREET ADDRESS **541 S. STATE RD. 7, SUITE 10**
CITY-ST-ZIP **MARGATE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **BLASER-PORTE, MEG**
STREET ADDRESS **767 S. STATE ROAD 7, SUITE 16**
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **767 S. STATE ROAD 7, SUITE 16**
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **767 S. STATE ROAD 7, SUITE 16**
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Meg Blaser-Porte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEG BLASER-PORTE PRESIDENT 4-19-06 954-974-3655

Color:

Daytime Phone #