

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45144

FILED
Feb 19, 2008
Secretary of State

Entity Name: POSITIVE TECHNOLOGIES, INC.

Current Principal Place of Business:

4763 DISTRIBUTION DRIVE
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 213
SAN ANTONIO, FL 33576 US

New Mailing Address:

FEI Number: 59-2919620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUYER, BYRON
4763 DISTRIBUTION DRIVE
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

GUYER, BYRON L PRES.
4763 DISTRIBUTION DRIVE
TAMPA, FL 33605 US

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: BYRON L. GUYER

02/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: GUYER, BYRON,
Address: P.O. BOX 905
City-St-Zip: SAN ANTONIO, FL 33576

Title: S () Delete
Name: GUYER, LINDA,
Address: P.O. BOX 905
City-St-Zip: SAN ANTONIO, FL 33576

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: GUYER, BYRON L PRES.
Address: P.O. BOX 905
City-St-Zip: SAN ANTONIO, FL 33576 US

Title: MRS. (X) Change () Addition
Name: GUYER, LINDA L SEC.
Address: P.O. BOX 905
City-St-Zip: SAN ANTONIO, FL 33576 US

Title: MR. () Change (X) Addition
Name: GUYER, STEPHEN T V.P.
Address: P.O. BOX 1198
City-St-Zip: SAN ANTONIO, FL 33576 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: BYRON L. GUYER

MR.

02/19/2008

Electronic Signature of Signing Officer or Director

Date