2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 11, 2008
Secretary of State

DOCUMENT# N02000005122

Entity Name: POSITIVE MINDS INC.

Current Principal Place of Business:

334 MARYLAND AVENUE
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

334 MARYLAND AVENUE
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 81-0552965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, SHELLEY L
334 MARYLAND AVENUE
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WATSON, SHELLEY L
Address: 334 MARYLAND AVE
City-St-Zip: ST. CLOUD, FL 34769

Title: DS ( ) Delete
Name: SIRBONO, DENISE
Address: 1705 CHERYL LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: INGRAM, CYNTHIA L
Address: 334 MARYLAND AVENUE
City-St-Zip: ST. CLOUD, FL 34769

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: FULLER, SHIRLEY A
Address: 334 MARYLAND AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: D ( ) Change (X) Addition
Name: SOLANO, EARL
Address: 334 MARYLAND AVENUE
City-St-Zip: ST. CLOUD, FL 34769

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLEY L. WATSON PD 11/11/2008

Electronic Signature of Signing Officer or Director — Date