2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# N03000003599

Entity Name: POSITIVE IMPACT WORLDWIDE INC

Current Principal Place of Business:

8 JEFFERSON COURT SOUTH
SAINT PETERSBURG, FL 33711 US

New Principal Place of Business:

2750 34TH STREET SOUTH
SAINT PETERSBURG, FL 33711 US

Current Mailing Address:

8 JEFFERSON COURT SOUTH
SAINT PETERSBURG, FL 33711 US

New Mailing Address:

FEI Number: 59-3651301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KARALYNNE, BRUBAKER V
8 JEFFERSON COURT SOUTH
SAINT PETERSBURG, FL 333711 US

Name and Address of New Registered Agent:

KARA'LYNNE, BRUBAKER V
8 JEFFERSON COURT SOUTH
SAINT PETERSBURG, FL 333711 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: KARA'LYNNE BRUBAKER 02/20/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KARA'LYNNE, BRUBAKER V
Address: 8 JEFFERSON COURT SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711 US

Title: CEO ( ) Delete
Name: BRUBAKER, JAY M
Address: 8 JEFFERSON COURT SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711 US

Title: D ( ) Delete
Name: JOHNSON, KIMBERLY D
Address: 18956 STOCKTON DRIVE
City-St-Zip: NOBLESVILLE, IN 46060 US

Title: D ( ) Delete
Name: DANKOVICH, KRISTINA J
Address: 6005 HICKORY WAY
City-St-Zip: LANESVILLE, IN 47136 US

Title: D ( ) Delete
Name: HICKAM, KAREN R
Address: 16108 CHANCELLORS RIDGE WAY
City-St-Zip: NOBLESVILLE, IN 46062 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: JOHNSON, KIMBERLY D
Address: 19102 WALTER GROVE DRIVE
City-St-Zip: NOBLESVILLE, IN 46062 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KARA'LYNNE BRUBAKER P 02/20/2007
Electronic Signature of Signing Officer or Director Date