

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90009 026 \*\*\*\*70.00

<b>DOCUMENT #N97000001104</b> 1. Entity Name <b>POSITIVE IMAGES ENTERPRISES, INC.</b>					
Principal Place of Business <b>2700 W. OAKLAND PARK BLVD., STE. 21 FORT LAUDERDALE, FL 33311</b>			Mailing Address <b>2700 W. OAKLAND PARK BLVD., STE. 21 FORT LAUDERDALE, FL 33311</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0750172</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <del>ELLIS CORNETT</del> <b>ROBIN HODGE CAREY</b> <b>2700 W. OAKLAND PARK BLVD., STE. 21 FORT LAUDERDALE, FL 33311</b>			7. Name and Address of New Registered Agent Name <b>ROBIN H. CAREY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2700 W OAKLAND PK BLVD STE 21</b> <b>FT. LAUDERDALE, FL</b> City <b>FL</b> Zip Code <b>33311</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BATCHIE, JEAN REV</b> <b>525 W. DAYTON CIRCLE</b> <b>FORT LAUDERDALE, FL 33312</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>MAQUA MUNFORD</b> <b>6891 SW 28th ST</b> <b>MIRAMAR, FL 33023</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SIMONSON, JUDITH</b> <b>2912 WASHINGTON STREET</b> <b>HOLLYWOOD, FL 33302</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CAREY, ROBIN H</b> <b>1941 NE 2ND TERRACE</b> <b>POMPAÑO BEACH, FL 33060</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRIMM, WILBERT</b> <b>2850 NW 44TH STREET, #409</b> <b>OAKLAND PARK, FL 33309</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OATES, LAURA</b> <b>P.O. BOX 451014</b> <b>SUNRISE, FL 33345</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>OATES, LAURA</b> <b>P.O. BOX 451014</b> <b>SUNRISE, FL 33345</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <b>3/18/06</b> Daytime Phone # <b>(954) 484-1824</b>	