2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# N97000001104

Entity Name: POSITIVE IMAGES ENTERPRISES, INC.

Current Principal Place of Business:

2700 W. OAKLAND PARK BLVD.,
SUITE 21
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2700 W. OAKLAND PARK BLVD
SUITE 21
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0750172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, JACQUELINE
2700 W. OAKLAND PARK BLVD.,
SUITE 21
FORT LAUDERDALE, FL 33311 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:	P	( ) Delete
Name:	SIMONSON, JUDITH MSW	
Address:	2912 WASHINGTON STREET	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	VP	( ) Delete
Name:	BATCHIE, JEAN D	
Address:	525 W DAYTON CIRCLE	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	T	( ) Delete
Name:	VALERIE, PELLEGRINI PHD	
Address:	5361 SW 57 STREET	
City-St-Zip:	DAVIE, FL 33314	
Title:	S	( ) Delete
Name:	NORMA, MAULTSBY	
Address:	8305 NW 35 STREET	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	D	( ) Delete
Name:	FAVORS, BRYAN	
Address:	387 NW 107 AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33026	
Title:	D	( ) Delete
Name:	LAMPL, GABRIELA	
Address:	2240 NW 171 TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33026	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	SIMONSON, JUDITH A MSW	
Address:	2912 WASHINGTON STREET	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	SHARON, HALLBACK	
Address:	P.O. BOX 695204	
City-St-Zip:	MIAMI, FL 33269	
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 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: JUDITH A. SIMONSON P 02/21/2008

Electronic Signature of Signing Officer or Director — Date