2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001104

Entity Name: POSITIVE IMAGES ENTERPRISES, INC.

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

2700 W. OAKLAND PARK BLVD., 2700 W. OAKLAND PARK BLVD.,

SUITE 21 SUITE 21

FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311 US

Current Mailing Address: New Mailing Address:

2700 W. OAKLAND PARK BLVD 2700 W. OAKLAND PARK BLVD.,

SUITE 21 SUITE 21

FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311 US

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

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete SIMONSON, JUDITH A MSW Name: 2912 WASHINGTON STREET Address: City-St-Zip: HOLLYWOOD, FL 33020

Title: () Delete BATCHIE, JEAN D Name: Address: 525 W DAYTON CIRCLE City-St-Zip: FORT LAUDERDALE, FL 33312

Title: () Delete VALERIE, PELLEGRINI PHD Name: 5361 SW 57 STREET Address: City-St-Zip: **DAVIE. FL 33314**

Title: () Delete Name: SHARON, HALLBACK P.O. BOX 695204 Address: City-St-Zip: MIAMI, FL 33269

Title: () Delete FAVORS, BRYAN Name: 387 NW 107 AVENUE Address: PEMBROKE PINES, FL 33026 City-St-Zip:

Title: (X) Delete LAMPL, GABRIELA Name: Address: 2240 NW 171 TERRACE PEMBROKE PINES, FL 33026 City-St-Zip:

(X) Change () Addition SIMONSON, JUDITH A MSW Name: Address: 2912 WASHINGTON STREET City-St-Zip: HOLLYWOOD, FL 33020 US

Title: (X) Change () Addition

Name: SHARON, HALLBACK Address: 1130 NE 214 STREET City-St-Zip: MIAMI, FL 33179 US

Title: (X) Change () Addition

Name: BRYAN, FAVORS 387 NW 107 AVE Address:

City-St-Zip: PEMBROKE PINES, FL 33026 US

(X) Change () Addition Title:

Name: ANDREA, ALLMAN 7370 STRILING ROAD, #308 Address: City-St-Zip: DAVIE, FL 33024 US

Title: (X) Change () Addition VALERIE, PELLEGRINI PHD Name: 5361 SW 57 SRTEET Address:

City-St-Zip: DAVIE, FL 33314 US

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 Ρ 01/16/2009