

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103077

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: POSITIVE REFLECTIONS, INC.

## Current Principal Place of Business:

3060 ALT 19  
STE B-14  
PALM HARBOR, FL 34683

## New Principal Place of Business:

PO BOX 1133  
PALM HARBOR, FL 34682 US

## Current Mailing Address:

PO BOX 1133  
PALM HARBOR, FL 34682

## New Mailing Address:

PO BOX 1133  
PALM HARBOR, FL 34682 US

FEI Number: 59-3752466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLOUNT, PATRICIA L  
156 SUNWARD AVE.  
PALM HARBOR, FL 34684 US

## Name and Address of New Registered Agent:

PLOUNT, PATRICIA L  
PO BOX 1133  
PALM HARBOR, FL 34682 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: PATRICIA L. PLOUNT

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: PLOUNT, PATRICIA L  
Address: 156 SUNWARD AVE.  
City-St-Zip: PALM HARBOR, FL 34684

Title: S ( ) Delete  
Name: BOYER, WILLIAM B  
Address: 615 TIMBER BAY CIR E.  
City-St-Zip: OLDSMAR, FL 33765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: PLOUNT, PATRICIA L  
Address: PO BOX 1133  
City-St-Zip: PALM HARBOR, FL 34682 US

Title: S (X) Change ( ) Addition  
Name: SMITH, ADRIENNE R  
Address: 156 SUNWARD AVE.  
City-St-Zip: PALM HARBOR, FL 34684 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L. PLOUNT

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date