


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000103077</b>	
1. Entity Name <b>POSITIVE REFLECTIONS, INC.</b>	

Principal Place of Business <b>PO BOX 1133 PALM HARBOR, FL 34682 US</b>	Mailing Address <b>PO BOX 1133 PALM HARBOR, FL 34682 US</b>
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05012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3752466</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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 *Patricia L. Plount* DATE 4/30/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT PLOUNT, PATRICIA L PO BOX 1133 PALM HARBOR, FL 34682</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MEECE, VERNON J 151 19TH ST PALM HARBOR, FL 34683</b>
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05/25/07-80052-001 150.00

**DO NOT WRITE IN THIS SPACE**

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 607, 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.

SIGNATURE: *Patricia L. Plount* DATE 4/30/07 DAYTIME PHONE # 227-781-4886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #