


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000036085</b> 1. Entity Name <b>POSITIVE THINKING WORKSHOPS, INC.</b>	
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Principal Place of Business <b>10020 S.W. 138TH STREET MIAMI, FL 33176</b>	Mailing Address <b>10020 S.W. 138TH STREET MIAMI, FL 33176</b>
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**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>33-1001011</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**FLETCHER, PAUL G ESQ.  
1500 SOUTH DIXIE HIGHWAY  
SUITE 200  
CORAL GABLES, FL 33146**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRASS, MICHELE 10020 S.W. 138TH STREET MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRASS, KEN 10020 SW 138 ST. MIAMI, FL 33176
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01/11/07-80057-020 158.75

**DO NOT WRITE  
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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:** *Michele Brass* **1/8/07 305-252-7471**

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