2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007
Secretary of State

DOCUMENT# P02000058058

Entity Name: POSITIVE VISIONS, INC.

Current Principal Place of Business:

618 W WASHINGTON ST
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

799 FRIDAY ROAD
QUINCY, FL 323526747

New Mailing Address:

618 W WASHINGTON ST
QUINCY, FL 32351

FEI Number: 50-0003165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HINSON, BETTY
799 FRIDAY RD
QUINCY, FL 32352 US

Name and Address of New Registered Agent:

HINSON, BETTY
618 W WASHINGTON ST
QUINCY, FL 32351 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: 06/05/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: SMITH, RODERICK O
Address: 618 W WASHINGTON ST
City-St-Zip: QUINCY, FL 32351

Title: V ( ) Delete
Name: SMITH, THEOPHILUS R
Address: 618 W WASHINGTON ST
City-St-Zip: QUINCY, FL 32351

Title: ST ( ) Delete
Name: HINSON, BETTY
Address: 799 FRIDAY RD
City-St-Zip: QUINCY, FL 32352

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: HINSON, BETTY
Address: 618 W WASHINGTON ST
City-St-Zip: QUINCY, FL 32351

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY HINSON ST 06/05/2007
Electronic Signature of Signing Officer or Director Date