2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2005 08:00 AM Secretary of State

DOCUMENT #P03000 1. Entity Name POSITIVE BODY, INC.	0102441		
Principal Place of Business 901 WHISLER CT. ST. CLOUD, FL 34769	Mailing Address 901 WHISLER CT. ST. CLOUD, FL 34769		
DO NOT WR	ITE IN THIS SPA	CE	01242005 No Chg-P CR2E034 (10/03) 4. FEI Number
STANDISH, JANICE 901 WHISLER CT. ST. CLOUD, FL 34769			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) OATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10. OFFICER TITLE PSD NAME STANDISH, JANICE STREET ADDRESS 901 WHISLER CT. CITY-ST-ZIP ST. CLOUD, FL 34769	S AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			0.4702705-80005-023 150.00
LE ME EET ADDRESS Y-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY - SY - ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
SIGNATURE:	ied with this filling does not qualify for the exeneport is true and accurate and that my signate empowered to execute this report as requiredress, with all other like empowered. PED OR PRATECTION OF SIGNING OFFICER OR DIRECTOR		ion 119.07(3)(i), Florida Statutes. I further certify that the information me legal effect as if made under oath, that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if