

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056674

FILED
Apr 25, 2008
Secretary of State

Entity Name: POSITIVE IMPROVEMENTS, INC.

Current Principal Place of Business:

6182 IDLEWILD STREET
FORT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

6182 IDLEWILD STREET
FORT MYERS, FL 33966

New Mailing Address:

FEI Number: 20-2697770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIST, BRIAN D
4705 SW 23RD AVENUE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: RIST, BRIAN
Address: 6182 IDLEWILD STREET
City-St-Zip: FORT MYERS, FL 33912

Title: T () Delete
Name: RIST, BRIAN
Address: 6182 IDLEWILD STREET
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: RIST, BRIAN
Address: 6182 IDLEWILD STREET
City-St-Zip: FORT MYERS, FL 33966

Title: T (X) Change () Addition
Name: RIST, BRIAN
Address: 6182 IDLEWILD STREET
City-St-Zip: FORT MYERS, FL 33966

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: BRIAN RIST

PD

04/25/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date