2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT # P99000017913** 1. Entity Name POSÍTIVE KREATIONS, INC. Mailing Address Principal Place of Business 5940 WOODLAND POINTE DRIVE 5940 WOODLAND POINTE DRIVE TAMARAC, FL 33319 TAMARAC, FL 33319 CR2E034 (11/05) No Cha-P 04272007 Applied For 4. FEI Number 65-0919698 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAHABEER, MERTILEEN 5940 WOODLAND POINTE DRIVE TAMARAC, FL 33319 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MAHABEER, MERTILEEN NAME STREET ADDRESS 5940 WOODLAND POINTE DRIVE TAMARAC, FL 33319 CITY-ST-ZIP U00000742439 05/15/07-80070-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS

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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED