2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N97000002660

Entity Name: HIDDEN POTENTIALS, INC.

Current Principal Place of Business:

5650 S. WASHINGTON AVE.
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

5650 S. WASHINGTON AVE.
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-3384483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLINTON, KATHERINE E
5650 S. WASHINGTON AVE.
TITUSVILLE, FL 32780 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

OFFICERS AND DIRECTORS:

Title:	PCEO	( ) Delete
Name:	CLINTON, KATHERINE E	
Address:	353 BIRCH ST	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	CLINTON, KATHERINE E	
Address:	353 BIRCH ST	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	VD	( ) Delete
Name:	NEAL, MICHELLE	
Address:	5605 BARNA	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	SD	( ) Delete
Name:	SHEPHERD, DONNA	
Address:	3510 OAKHILL DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	TD	( ) Delete
Name:	NEAL, MICHELLE L	
Address:	5605 BARNA AVENUE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	ALLAWAS, MERYL L	
Address:	1355 PANTHERS LANE	
City-St-Zip:	MERRITT ISLAND, FL 32953	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: KATHERINE E CLINTON PCEO 02/03/2009

Electronic Signature of Signing Officer or Director — Date