2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007469

Entity Name: LIMITLESS ONLINE, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5249-3 CEDARBEND DRIVE FORT MYERS, FL 33919				3685 MARVAEZ ST FORT MYERS, FL 33901			
Current Mailing Address:				New Mailing Address:			
5249-3 CEDARBEND DRIVE FORT MYERS, FL 33919				3685 MARVAEZ ST FORT MYERS, FL 33901			
FEI Number:	26-3029531	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
DALESANDRO, MICHELE 5249-3 CEDARBEND DRIVE FORT MYERS, FL 33919 US				VORIS, BOBBIE 3685 MARVAEZ ST FORT MYERS, FL 33901 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: BOBBIE VORIS				04/30/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () E LIEBE, BRADLEY E2530 BIRCH LA WAUPACA, WI 5	NE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DT () E PROBE, KIMBER 9280 TRIANA TEI FORT MYERS, F	RRACE APT 2		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () E CARROLL, TODE 19781 S RIVER F ALVA, FL 33920			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () E CARROLL, PATR 4819 SHERRY LA FORT MYERS, F	NE		Title: Name: Address: City-St-Zip:	VP (X) CARROLL, PAT 4819 SHERRY FORT MYERS,	LANE	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	WILLIM, LEE	Change (X) Addition BLVD, APT. A808 FL 33931	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	D () ZAHORIAN, STE 1243 PLUMOSA FORT MYERS,	NST.	

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: BRADLEY LIEBE DP 04/30/2009