

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002453

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE UNLIMITED PATH, INC.

Current Principal Place of Business:

24 W 8TH STREET
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 206
PANAMA CITY, FL 32402 US

New Mailing Address:

FEI Number: 59-3248418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RANDOLPH, BERTRAND
7526 SUNSET AVE
PANAMA CITY, FL 32408 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: VP () Delete
Name: HOBLEY, TOMMY
Address: 910 MULBERRY
City-St-Zip: PANAMA CITY, FL 32401

Title: TSD () Delete
Name: RANDOLPH, BERTRAND
Address: PO BOX 206
City-St-Zip: PANAMA CITY, FL 32402

Title: D () Delete
Name: CLARK, MAYLI
Address: 251 SUNDIAL STREET
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: PD () Delete
Name: RANDOLPH, SHELIA
Address: PO BOX 206
City-St-Zip: PANAMA CITY, FL 32402

Title: D () Delete
Name: HANVEY, AIMEE
Address: P O BOX 40
City-St-Zip: CLARKSVILLE, FL 32430

Title: D () Delete
Name: CARSON, DAVE
Address: 3931 W 22ND ST UNIT C
City-St-Zip: PANAMA CITY, FL 32405

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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: SHELIA RANDOLPH

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date