

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90237 009 ****61.25

DOCUMENT # N98000004756
 1. Entity Name
REALIZED POTENTIAL TRAINING INSTITUTE, INC.



Principal Place of Business
11850 9TH STREET NORTH, STE 21107
ST PETERSBURG, FL 33716

Mailing Address
PO BOX 13601
SAINT PETERSBURG, FL 33733 US

DO NOT WRITE IN THIS SPACE



04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3456132

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OVERTON-SANBURN, DIANE
11850 9TH STREET NORTH, STE 21107
ST PETERSBURG, FL 33716

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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: *Diane Overton-Sanburn* **DIANE OVERTON-SANBURN** *April 25, 2006*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EXECUTIVE DIRECTOR OVERTON-SANBURN, DIANE 11850 9TH STREET NORTH, STE 21107 ST PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREASURER SANBURN, STEPHEN H 11850 9TH STREET NORTH, STE 21107 ST PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE PRESIDENT FICHER, JEANETTE 3700 40TH AVE N ST PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SECRETARY SWAIN, DANA 675 62ND AVENUE SO SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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.

SIGNATURE: *Diane Overton-Sanburn* **DIANE OVERTON-SANBURN** *April 25, 2006* (927) 577-8047
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DIANE OVERTON-SANBURN