


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

06 JUN -6 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 11850 9TH STREET NORTH, STE 21107 ST PETERSBURG, FL 33716	Mailing Address PO BOX 13601 SAINT PETERSBURG, FL 33733 US
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

04262006 Chg-NP CR2E037 (11/05)

City & State Zip Country	City & State Zip Country
-----------------------------	-----------------------------

4. FEI Number 59-3456132	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

6. Name and Address of Current Registered Agent OVERTON-SANBURN, DIANE 11850 9TH STREET NORTH, STE 21107 ST PETERSBURG, FL 33716	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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 _____

400076164164
 06/14/06--01005--031 *\$8.75
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D OVERTON-SANBURN, DIANE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400076164164 06/14/06--01005--030 *\$61.25
NAME	11850 9TH STREET NORTH, STE 21107	NAME	
STREET ADDRESS	ST PETERSBURG, FL 33716	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SANBURN, STEPHEN H <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11850 9TH STREET NORTH, STE 21107	NAME	
STREET ADDRESS	ST PETERSBURG, FL 33716	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FICSHER, JEANETTE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3700 40TH AVE N	NAME	
STREET ADDRESS	ST PETERSBURG, FL 33714	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TS SWAIN, DANA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	675 62ND AVENUE SO	NAME	
STREET ADDRESS	SAINT PETERSBURG, FL 33705	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	20619
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ Date: May 12, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #