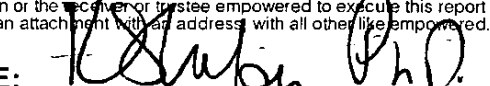


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000090346 1. Entity Name LIMITLESS POTENTIALS, INC.					
Principal Place of Business 600 SANDTREE DR., #202C PALM BEACH GARDENS FL 33403			Mailing Address 600 SANDTREE DR., #202C PALM BEACH GARDENS FL 33403		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0628848	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KATHRYN C. SHAFER, PH.D., P.A. 600 SANDTREE DR., #202C PALM BEACH GARDENS FL 33403				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  <small>Signature, type, or print name of registered agent and title if applicable</small>				DATE 7/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PVST SHAFER, KATHRYN C 600 SANDTREE DR., #202C PALM BEACH GARDENS FL 33403				dated 1/6/08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D SHAFER, KATHRYN C 600 SANDTREE DR., #202C PALM BEACH GARDENS FL 33403				800058642538 08/16/05--01012--012 **550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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:  2nd Submission w/ Payment <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

05 AUG 11 PM 2:15



1st MOORE

CR2E034 (10/04)

05

See attached
Canceled check

dated 1/6/08

800058642538
08/16/05--01012--012 **550.00

2nd

Submission w/ Payment

7/21/05

561-799-6285