

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000168369

Entity Name: UNBOUND POTENTIAL, INC.

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

6815 SUMMER COVE DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 760
RIVERVIEW, FL 335680760

New Mailing Address:

FEI Number: 51-0564534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, JORWORSKI B
6815 SUMMER COVE DRIVE
RIVERVIEW, FL 33569 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ROBINSON, JORWORSKI B
Address: 6815 SUMMER COVE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: VP/T () Delete
Name: ROBINSON, JORWORSKI B
Address: 6815 SUMMER COVE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: S () Delete
Name: ROBINSON, JORWORSKI B
Address: 6815 SUMMER COVE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/T (X) Change () Addition
Name: COPELAND, SR, MICHAEL E
Address: 6815 SUMMER COVE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORWORSKI B. ROBINSON

P/D

04/17/2007

Electronic Signature of Signing Officer or Director

_____ Date