

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000168369

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: UNBOUND POTENTIAL, INC.

## Current Principal Place of Business:

6815 SUMMER COVE DRIVE  
RIVERVIEW, FL 33569

## New Principal Place of Business:

6815 SUMMER COVE DRIVE  
RIVERVIEW, FL 33578

## 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:

ROBINSON, JORWORSKI B  
6815 SUMMER COVE DRIVE  
RIVERVIEW, FL 33578      US

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

04/14/2008

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: COPELAND, SR, MICHAEL E  
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: P/D (X) Change ( ) Addition  
Name: ROBINSON, JORWORSKI B  
Address: 6815 SUMMER COVE DRIVE  
City-St-Zip: RIVERVIEW, FL 33578

Title: VP/T (X) Change ( ) Addition  
Name: ROBINSON, JORWORSKI B  
Address: 6815 SUMMER COVE DRIVE  
City-St-Zip: RIVERVIEW, FL 33578

Title: S (X) Change ( ) Addition  
Name: ROBINSON, JORWORSKI B  
Address: 6815 SUMMER COVE DRIVE  
City-St-Zip: RIVERVIEW, FL 33578

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

P/D

04/14/2008

Date