2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P06000015281

Entity Name: UNBOUNDED INC.

Current Principal Place of Business:

350 CROSSING BLVD
1308
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

PO BOX 2290
ORANGE PARK, FL 320672290

New Mailing Address:

350 CROSSING BLVD
1308
ORANGE PARK, FL 32073

FEI Number: 16-1749242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUNCE, LYDIA
775 PORTO CRISTO AVE
SAINT AUGUSTINE, FL 32092 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: WILLETT, CHRISTOPHER
Address: 350 CROSSING BLVD #1308
City-St-Zip: ORANGE PARK, FL 32073

Title: VP ( ) Delete
Name: REYNOLDS, WALTER
Address: 2422 CINNAMON SPRINGS TRAIL
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD ( ) Delete
Name: WILLETT, JENNIFER
Address: 350 CROSSING BLVD #1308
City-St-Zip: ORANGE PARK, FL 32073

Title: S ( ) Delete
Name: WILLETT, JENNIFER
Address: 350 CROSSING BLVD #1308
City-St-Zip: ORANGE PARK, FL 32073

Title: VP ( ) Delete
Name: BERNREUTER, NICHOLAS C
Address: 225 TALLWOOD RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CHRISTOPHER B WILLETT P/D 04/30/2009

Electronic Signature of Signing Officer or Director Date