

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022510

FILED
Mar 13, 2008
Secretary of State

Entity Name: KATHRYN C. SHAFER, PH.D., P.A.

Current Principal Place of Business:

LIMITLESS POTENTIALS
600 SANDTREE DR., STE 202-C
PALM BEACH GARDENS, FL 33403 US

New Principal Place of Business:

675 WEST INDIANTOWN ROAD
100
JUPITER, FL 33458 US

Current Mailing Address:

LIMITLESS POTENTIALS
600 SANDTREE DR., STE 202-C
PALM BEACH GARDENS, FL 33403 US

New Mailing Address:

675 WEST INDIANTOWN ROAD
100
JUPITER, FL 33458 US

FEI Number: 65-0628848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFER, KATHRYN C
116 OCEAN PINES TER
JUPITER, FL 33477 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: PHD () Delete
Name: SHAFER, KATHRYN C PH.D.
Address: 600 SANDTREE DR. # 202C
City-St-Zip: PALM BEACH GARDENS, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAFER, KATHRYN C PH.D.
Address: 116 OCEAN PINES TERRACE
City-St-Zip: JUPITER, FL 33477

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: KATHRYN SHAFER

P

03/13/2008

Electronic Signature of Signing Officer or Director

_____ Date