2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# P98000010704

Entity Name: OVER LIMIT, INC.

Current Principal Place of Business:

4190 N KINGS HWY
FORT PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 880308
PORT SAINT LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 65-0809445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASCANIO, OMELIS
2401 SW HUMBER CT
PORT SAINT LUCIE, FL 34953 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 ( ) Delete
Name: ASCANIO, OMELIS
Address: 2401 SW HUMBER CT
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP ( ) Delete
Name: ASCANIO, EDGARDO
Address: 10611 SW ACADEMIC WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: D ( ) Delete
Name: ASCANIO, MAGALY
Address: 10611 SW ACADEMIC WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: D ( ) Delete
Name: ASCANIO, NANCY
Address: 2401 SW HUMBER CT
City-St-Zip: PORT SAINT LUCIE, FL 34953

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:

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: OMELIS ASCANIO PRES 04/12/2009

Electronic Signature of Signing Officer or Director Date