2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044164

Entity Name: INFINITE PERSONAL POSSIBILITIES, INC.

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 500	CAYNE BLVD. RA, FL 33160				
Current Mailing Address:			New Mailing Addres	s:	
SUITE 500	CAYNE BLVD. RA, FL 33160				
FEI Number	: 65-0917228	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
2702 SW MIRAMAR The above	,, ,	US	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () SAFKO, DEBO 2702 SW 137T MIRAMAR, FL	H TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COSTA, MARIO 1500 SW 98TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COSTA, VALER 1500 SW 98TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zin:	ROJAS, ISABE 1500 SW 98TH		Title: Name: Address: CitysSt-Zip:	() Change () Addition	

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: DEBORAH L SAFKO P 01/12/2009