2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# F41088

Entity Name: FREESTYLE INC.

Current Principal Place of Business:

8800 SIGNAL RD
SUITE 1
BONITA SPRINGS, FL 34135

New Principal Place of Business:

8800 BERNWOOD PARKWAY
SUITE 1BERNWOOD PARKWAY
BONITA SPRINGS, FL 34135

Current Mailing Address:

8800 SIGNAL RD.
SUITE 1
BONITA SPRINGS, FL 34135

New Mailing Address:

8800 BERNWOOD PARKWAY
SUITE 1
BONITA SPRINGS, FL 34135

FEI Number: 59-2164301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIX, FAITH F.
8800 SIGNAL RD #1
BONITA SPRINGS, FL 34135

Name and Address of New Registered Agent:

FREESTYLE INTERIORS, INC.
8800 BERNWOOD PARKWAY
SUITE 1
BONITA SPRINGS, FL 34135

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: FAITH F. FIX 01/06/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VC ( ) Delete
Name: FIX, FAITH FRIEDEL,
Address: 8800 SIGNAL RD #1
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete
Name: FIX, FAITH FRIEDEL,
Address: 8800 SIGNAL RD #1
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD (X) Delete
Name: FIX, BRETT M,
Address: 8800 SIGNAL RD #1
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change ( ) Addition
Name: FIX, FAITH FRIEDEL,
Address: 8800 BERNWOOD PARKWAY
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P (X) Change ( ) Addition
Name: FIX, FAITH FRIEDEL,
Address: 8800 BERNWOOD PARKWAY
City-St-Zip: BONITA SPRINGS, FL 34135

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FAITH F. FIX P 01/06/2004
Electronic Signature of Signing Officer or Director Date