2006 FOR PROFIT CORPORATION ANNUAL REPORT

N 30 40

Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90083 026 ***150.00 DOCUMENT # P02000002097 1. Entity Name FREEMARR DEVELOPMENT, INC. 40047175 Principal Place of Business Mailing Address 1383 OAKFIELD DR. 1383 OAKFIELD DR. BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business 3. Mailing Address 206 Buckingham Pl. 206 Buckingham Pl Suite, Apt. #, etc. Suite 101 Suite, Apt. #, etc. Suite 101 CR2E034 (11/05) 04042006 City & State City & State 4. FEI Number Applied For Brandon, Brandon, FL01-0583361 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33511 USA 33511 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARRA, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 206 Buckingham Pl 1383 OAKFIELD DR. BRANDON, FL 33511 Suite 101 Brandon 8. 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. I am familiar with, and accept the obligations of registered agent 3-28-06 DATE SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition MARRA, MICHAEL E NAME NAME 206 Buckingham Pl., Suite 101 1383 OAKFIELD DR. STREET ADDRESS STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME FREEMAN, JOHN T 206 Buckingham Pl., Suite 101 1383 OAKFIELD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-7IP TITLE Delete TITLE Change ... ☐ Addition RIGGINS, ROBERT E NAME NAME 206 Buckingham Pl., Suite 101 1383 OAKFIELD DR. STREET ADDRESS STREET ADDRESS BRANDON, FL 33511 CITY-ST-79P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ImF Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

FILED