


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
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DOCUMENT # 997000028659 1. Entity Name Freeman Corporation	
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FILED
11 MAY 26 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 4891 NW 103 AVE	3. Mailing Address 4891 NW 103 AVE
Suite, Apt. #, etc. # 19	Suite, Apt. #, etc. # 19

CR2E034B (1/11)

City & State Sunrise FL	City & State Sunrise FL	4. FEI Number 65-074	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33351	Country USA	Zip 33351	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Christopher Freeman	
Street Address (P.O. Box Number is Not Acceptable) 4891 NW 103 AVE #19	
City Sunrise FL	Zip Code 33351

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.

SIGNATURE *Christopher Freeman* DATE **5/23/11**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. Added to Fees	E-mail Address: _____ E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C.E.O Christopher Freeman 4891 NW 103 AVE #19 Sunrise, FL 33351
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200207323252
05/06/11 10:39:02 AM \$150.00

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: *Christopher Freeman* DATE **5/23/11**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #