
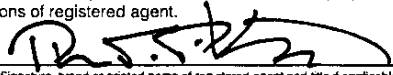



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90015 046 \*\*\*150.00

<b>DOCUMENT # 247111</b> 1. Entity Name <b>FREL, INC.</b>					
Principal Place of Business <b>255 S COUNTY RD.</b> <b>ATTN: G. BROWN</b> <b>PALM BCH, FL 33480 US</b>			Mailing Address <b>255 S COUNTY RD.</b> <b>ATTN: G. BROWN</b> <b>PALM BCH, FL 33480 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1000234</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCAFF, DAVID H</b> <b>255 SOUTH COUNTY ROAD</b> <b>PALM BEACH, FL 33480</b>				Name <b>DANA PICKARD, ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>EDWARD &amp; ANGELL, LLP</b> <b>1 N. CLEMATIS STE 400</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>ALBERG, ELAINE C.</b> <b>2727 S. OCEAN BLVD., N. 1202</b> <b>HIGHLAND BCH., FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCAFF, DAVID H</b> <b>255 S. COUNTY ROAD</b> <b>PALM BEACH, FL 33480</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Dana T. Pickard</b> <b>Edwards &amp; Angell LLP</b> <b>One N. Clematis St, Suite 400</b> <b>West Palm Beach, FL</b> <b>33401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>LUSTIG, STANLEY H.</b> <b>418 OYSTER ROAD</b> <b>N. PALM BCH., FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DANA PICKARD</b> <b>1 N. CLEMATIS STE 400</b> <b>West Palm Bch, FL 33401</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: 			Date <b>2/17/05</b> Daytime Phone # <b>561-870-0256</b>		