2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2007 8:00 am Secretary of State

Pencipal Place of Business SOUNT NO AVI D HEWETT PAUR BCH, IT 33480 US	DOCUMENT # 247111 1. Entity Name FREL, INC.	ENT # 247111		02-19-2007 90044 003 ***150.00		
255 S COUNTY RD AVI D HEWETT AND ROLF, EL 33480 US	Principal Place of Business Mailing Address		Annishao			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Applied for 59-1000234 Suite, Apt. #, etc. Applied for 59-1000234 Suite, Apt. #, etc. Applied for 59-1000234 Suite, Apt. #, etc. Suite, Apt.	255 S COUNTY RD. ATTN: CX BYXXXX DAVID HEWETT 255 S COUNTY RD. ATTN: CX BXXXXX DAVID HEWETT					
City & State Country City & State Country Coun	Principal Place of Business - No P.O. Box # 3. Mailing Address	Harana Marie Carlo				
Second S	Suite, Apt. #, etc. Suite, Apt. #, etc.		01092007 Chg-P	CR2E034 (12/06)		
S. Cerificate of Status Desired Fee Required F	City & State City & State			⊢		
Name	Zip Country Zip	Country	5. Certificate of Status Desired			
PICKARD, DANA ESQ, EDWARD & ANGELI, LLP IN CLEMATIS STE 400 WEST PALM BEACH, FL 33401 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 Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWITH FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fe	6. Name and Address of Current Registered Agent		7. Name and Address of New	Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Number in Number is Number in Number in Number is Number in	DICKADD DANA ESO	Name				
### City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prediction of registered agent, or both, in the State of Florida. I am familiar with, and accept the prediction of registered agent, or both, in the State of Florida. In a manufaction.	EDWARD & ANGELL, LLP Street Address		(P.O. Box Number is Not Acceptab	ole)		
B. 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 Synthetic hope to printed name of registered agent age						
SIGNATURE Symbol or protect name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 S. Election Campaign Financing Trust Fund Contribution. TITLE DPT ALBENBERG, ELAINE C. SIRET ADDRESS CITY-ST-2P HIGH AND BCH, FL DVS LUSTIG, STANLEY H. HIME DVS LUSTIG, STANLEY H. HIME MAME SIRET ADDRESS CITY-ST-2P HIGE MAME		City		FL Zip Code	9	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DPT ALBENBERG, ELAINE C. 2727 S. OCEAN BLVD., N. 1202 HIGHLAND BCH., FL DCHARD, DANA T ONE N. CLEMATIS ST STE 400 WEST PALM BEACH, FL 33401 MILE DVS STREET ADDRESS CITY-S1-2P FIRE DEELE DVS STREET ADDRESS CITY-S1-2P FIRE DEELE STREET ADDRESS CITY-S1-2P FIRE DEELE DEELE STREET ADDRESS CITY-S1-2P Addition AMAL STREET ADDRESS CITY-S1-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND IN 11 ADDITIONS/CHANGES TO OFFICERS AND IN 11	8. The above named entity submits this statement for the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of F	forida. I am familiar with,	and accept	
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CITY-ST-ZIP CITY-ST-ZIP 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	CITY-ST-ZIP HITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS				

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: DY	rector 2	13 2007	561-820-0256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE		Dale	Daytime Phone ◆