

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 839880**

1. Entity Name  
**FREUND ASSOCIATES, INC.**

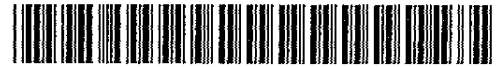


Principal Place of Business

**1500 S OCEAN BLVD  
#802-S  
BOCA RATON, FL 33432 US**

Mailing Address

**1500 S OCEAN BLVD  
#802-S  
BOCA RATON, FL 33432 US**



02132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-1913404**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FREUND, RICHARD A.  
1500 S. OCEAN BLVD.  
#802-S  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DC  
NAME FREUND, RICHARD A  
STREET ADDRESS 1500 S OCEAN BLVD., #802-S  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D  
NAME FREUND, ROBERT A.  
STREET ADDRESS 3985 TORREY HILL LANE  
CITY-ST-ZIP SAN DIEGO, CA 92130

TITLE T  
NAME OLDS, PATRICIA  
STREET ADDRESS 4924 LEESBURG  
CITY-ST-ZIP WEST BLOOMFIELD, MI 48323

TITLE S  
NAME STEINMAN, FRANCES  
STREET ADDRESS 550 HENLEY  
CITY-ST-ZIP BIRMINGHAM, MI 48009

TITLE D  
NAME WEST, MEREDITH  
STREET ADDRESS PO BOX 190  
CITY-ST-ZIP LAUPAHOEHOE, HI 96764

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000453968  
03/14/06-80042-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

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

Date Daytime Phone #