


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2006 08:00 A
Secretary of State

DOCUMENT # F01000002381 1. Entity Name FREEDOM OIL COMPANY		
Principal Place of Business 814 W CHESTNUT ST BLOOMINGTON, IL 61702-3697	Mailing Address PO BOX 3697 BLOOMINGTON, IL 61702-3697	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reconstituting) Signature, typed or printed name of registered agent and title if applicable <div style="text-align: right;">0000000574107 08/11/06-80003-017 150.00 DATE</div>		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD OWENS, A. MICHAEL 3 LONDON CT. BLOOMINGTON, IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MELCHER, JUDY 48 BROOKSHIRE GREEN BLOOMINGTON, IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OWENS, SUZANNE 106 CAMELOT DRIVE BLOOMINGTON, IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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 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: Marylois Braun 8-7-06 309-828-7750 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



08072006 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1408472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required