2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 15, 2005 8:00 am Secretary of State DOCUMENT # F03000006051 1. Entity Name 04-15-2005 90100 034 ***150.00 AMERICAN FREEDOM ENTERPRISES, INC. Principal Place of Business Mailing Address 3522 53RD W., #110 3522 53RD W., #110 **BRADENTON FL 34210 BRADENTON FL 34210** 2. Principal Place of Business 46023 26 3. Mailing Address 6023 26 TH W. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 160 # # 160 City & State City & State Applied For 4. FEI Number 65-1208014 BRAdeNTON BRADENTON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3420 T MANATEE 34207 MANATEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCMAHAN, JOHN R Street Address (P.O. Box Number is Not Acceptable) 3216 52ND AVE. DR. W **BRADENON FL 34207** City Zip Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSVC** TITLE TITLE Delete ☐ Change ☐ Addition NAME MCMAHAN, LELA J NAME 3216 52ND AVE., DR. W STREET ADDRESS STREET ADDRESS BRADENTON FL 34207 City-St-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME MCMAHAN, JOHN R NAME 3216 52ND AVE., DR. W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP TITLE Defete TITLE Change -- Addition NAME NAME STREET ADDRESS-STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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. LOHY R. MS MAHAY.

FILED

4-11-05 (941) 518-5502