
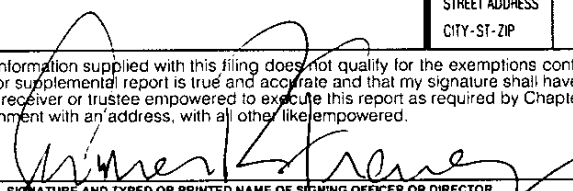


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

08-16-2006 90001 045 \*\*\*158.75

<b>DOCUMENT # F03000006081</b> 1. Entity Name <b>FRENEY CORPORATION</b>			
Principal Place of Business <b>PHILLIPS POINT WEST, STE 800</b> <b>777 S FLAGLER DR</b> <b>WEST PALM BEACH, FL 33401</b>		Mailing Address <b>PHILLIPS POINT WEST, STE 800</b> <b>777 S FLAGLER DR</b> <b>WEST PALM BEACH, FL 33401</b>	
2. Principal Place of Business <b>777 South Flagler Drive</b> Suite, Apt. #, etc. <b>West Tower, Suite 1900</b> City & State <b>West Palm Beach, FL</b> Zip <b>33401</b> Country <b>USA</b>		3. Mailing Address <b>777 South Flagler Drive</b> Suite, Apt. #, etc. <b>West Tower, Suite 1900</b> City & State <b>West Palm Beach, FL</b> Zip <b>33401</b> Country <b>USA</b>	
4. FEI Number <b>37-1479911</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		08052006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>CVCP</b> NAME <b>FRENEY, JAMES R</b> STREET ADDRESS <b>PHILLIPS PT WEST, STE 800, 777 S FLAGLER</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete	TITLE <b>CVCP</b> NAME <b>Freney, James R.</b> STREET ADDRESS <b>777 South Flagler Drive, West Tower, Suite 1900</b> CITY-ST-ZIP <b>West Palm Beach, FL 33401</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPST</b> NAME <b>FRENEY, JAMES R</b> STREET ADDRESS <b>PHILLIPS PT WEST, STE 800, 777 S FLAGLER</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete	TITLE <b>VPST</b> NAME <b>Freney, James R.</b> STREET ADDRESS <b>777 South Flagler Drive, West Tower, Suite 1900</b> CITY-ST-ZIP <b>West Palm Beach, FL 33401</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date <b>8/11/06</b> Daytime Phone # <b>561-651-1230</b>	