## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000005411

Entity Name: FREEDOM FINANCIAL MORTGAGE CORPORATION

FILED Mar 23, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
421 EAST COOK RD., STE 200 FORT WAYNE, IN 46825					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
421 EAST COOK RD., STE 200 FORT WAYNE, IN 46825					
FEI Number:	35-2029965	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	ON, ROBERT I ALE MABRY H 33618 US	WY., STE 101			
The above in the State		submits this statement for the pur	pose of changing its register	ed office or registered agent, or both,	
SIGNATURE:					
	Electron	ic Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS	AND DIRECT	FORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP () SINN, RODNEY 7025 TREE TOF FORT WAYNE,	PTRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPST () HUNT, ROBIN W 17318 DAWKIN NEW HAVEN, IN	S RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VC () HUNT, ROBIN W 17318 DAWKIN NEW HAVEN, IN	S RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () BROOKS, DERF 12815 PACIFICA TAMPA, FL 336	A PLACE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	D () WHITE, TRACY 9818 BITTER EI FORT WAYNE,	ND COVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BLOOM, A. DAL	STREET, 1000 STANDARD FED PL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN W. HUNT VPST 03/23/2005