2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005411

Address:

City-St-Zip:

6461 N 100 E

OSSIAN, IN 46777

Entity Name: FREEDOM FINANCIAL MORTGAGE CORPORATION

FILED Aug 10, 2009 Secretary of State

_many man	e. TREEDO	WITH WARRENCE WORLD			
Current P	rincipal Place	e of Business:	New Principal Place of Business:		
	THERHOOD	WAY			
SUITE A FORT WA	YNE, IN 4682	5			
	lailing Addre		New Mailing Address:		
	_		new mannig , tauress		
SUITE A	THERHOOD \ (YNE, IN 4682				
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	Name and Address of New Registered Agent:	
STEVENSON, ROBERT L 10014 N DALE MABRY HWY., STE 101 TAMPA, FL 33618 US			GASTON, BERT 10014 N DALE MABRY HWY., STE 101 TAMPA, FL 33618 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: BERT GASTON				08/10/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CP (HUNT, ROBIN 17318 DAWKII NEW HAVEN, I	NS RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VC (HUNT, ROBIN 17318 DAWKII NEW HAVEN, I	NS RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X CARTEAUX, R 7009 WOODC FORT WAYNE	ROFT LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (X BRIAN, KISTLE	i) Delete ER	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: ROBIN W. HUNT CP 08/10/2009