


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000004580</b>	
1. Entity Name <b>FREEDOM MORTGAGE SERVICES, INC.</b>	

Principal Place of Business <b>325 CRAMER CREEK CT. DUBLIN, OH 43017</b>	Mailing Address <b>325 CRAMER CREEK CT. DUBLIN, OH 43017</b>
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**DO NOT WRITE IN THIS SPACE**

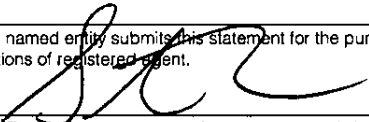
07052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>01-0637515</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COSTAS, ANTHONY  
311 14TH AVENUE NORTH  
ST. PETERSBURG, FL 33701**

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:  **7-5-06**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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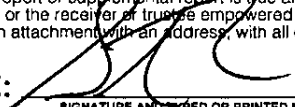
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HARRIS, STEPHEN P 3225 HADLEIGH RD. UPPER ARLINGTON, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC MCBAIN, JAMES 24 N. 4TH ST. COLUMBUS, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000571875  
07/25/06-80004-022 550.00

2. 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:  **7-5-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #