


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000004911	
1. Entity Name FREEDOM AIRLINES, INC.	

Principal Place of Business 410 N. 44TH STREET, STE. 700 PHOENIX, AZ 85008	Mailing Address 410 N. 44TH STREET, STE. 700 PHOENIX, AZ 85008
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05172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 86-1049364	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ORNSTEIN, JONATHAN 410 N. 44TH STREET, STE. 700 PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP FERVERDA, MICHAEL 410 N. 44TH STREET, STE. 700 PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTZ, MICHAEL 410 N. 44TH STREET, STE. 700 PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLMAN, BRIAN S 410 N. 44TH STREET, STE. 700 PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURNANE, GEORGE III 410 N. 44TH STREET, STE. 700 PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000566252  
05/30/06-80002-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/06 602-685-4051  
Date Daytime Phone #