

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90006 023 ***150.00

DOCUMENT # F05000007004 1. Entity Name FREEDMAN FINANCIAL ASSOCIATES, INC.			
Principal Place of Business 8541 FAIRWAY BEND DRIVE FT. MYERS, FL 33912		Mailing Address 8541 FAIRWAY BEND DRIVE FT. MYERS, FL 33912	
2. Principal Place of Business <i>19875 VINTAGE TRACE CI</i> Suite, Apt. #, etc.		3. Mailing Address <i>19875 VINTAGE TRACE CI</i> Suite, Apt. #, etc.	
City & State Fort Myers FL Zip 33912		City & State Fort Myers FL 33912 Zip 33912	
Country USA		Country USA	
4. FEI Number 04-3016302		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREEDMAN, BARRY M 8541 FAIRWAY BEND DRIVE FT. MYERS, FL 33912		7. Name and Address of New Registered Agent Name <i>Barry Freedman</i> Street Address (P.O. Box Number is Not Acceptable) <i>19875 VINTAGE TRACE CI</i> City <i>Fort Myers</i> FL Zip Code <i>33912</i>	
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 <i>[Signature]</i> DATE <i>2/15/06</i>			
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FREEDMAN, BARRY M 8541 FAIRWAY BEND DRIVE FT. MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>19875 VINTAGE TRACE CI</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEDMAN, MARC S 119 KARA DRIVE NORTH ANDOVER, MA 01845	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>[Signature]</i>		(239) 437-9640	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>2/15/06</i>	