

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003516

Entity Name: FREUD AMERICA, INC.

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

218 FELD AVENUE
HIGH POINT, NC 27263

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7187
HIGH POINT, NC 27264

New Mailing Address:

FEI Number: 56-1735372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: KOHL, RUSSELL
Address: 255 EDWARDTON COURT
City-St-Zip: ROSEWELL, GA 30076

Title: CEO () Delete
Name: KOHL, RUSSELL
Address: 255 EDWARDTON COURT
City-St-Zip: ROSEWELL, GA 30076

Title: VCP (X) Delete
Name: RUGGIERO, SEBASTIAN
Address: 4205 CAROLINE COURT
City-St-Zip: GREENSBORO, NC 27407

Title: DCOO () Delete
Name: BREWER, JAMES
Address: 238 LAKEVIEW ROAD
City-St-Zip: MOCKSVILLE, NC 27028

Title: DST () Delete
Name: LEWIS, DAVID
Address: 312 ALISON LANE
City-St-Zip: ARCHDALE, NC 27263

Title: CFO () Delete
Name: LEWIS, DAVID
Address: 312 ALISON LANE
City-St-Zip: ARCHDALE, NC 27263

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAVID M LEWIS

CFO

01/17/2008

Electronic Signature of Signing Officer or Director

Date