

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90040 015 ***158.75

DOCUMENT # L20358	
1. Entity Name FINANCIAL FREEDOM ACCESS INC.	



Principal Place of Business P.O. BOX 681291 N. MIAMI, FL 33168	Mailing Address P.O. BOX 681291 N. MIAMI, FL 33168
--	--

2. Principal Place of Business 14873 Tybee Island Dr Suite, Apt. #, etc.	3. Mailing Address 14873 Tybee Island Dr Suite, Apt. #, etc.
---	---



08292006 Chg-P CR2E034 (11/05)

City & State Naples FL	City & State Naples FL
Zip 34119	Zip 34119
Country	Country

4. FEI Number 65-0155689	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent KIRCHNER, RICHARD M. 5901 S.W. 74TH STREET SUITE 404 SOUTH MIAMI, FL 33143	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASIMIR, RAYNALD 13915 N.E. 16TH CT. N. MIAMI, FL <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	VP CASIMIR, IRANNA 13915 N.E. 16TH CT. N. MIAMI, FL <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
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: _____	8/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

ATTACHMENT
40103186
Division of Corporations

Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number
Business Entity Name

L20358
FINANCIAL FREEDOM ACCESS INC.

Prior notice was

Received - \$400.00 late fee will be charged.

FEI Number

650155689

FEI Number Status

Certificate of Status Desired

No

Election Campaign Financing Trust Fund Contribution

No

Principal Place of Business

Address 14873 TYBEE ISLAND DR

Suite, Apt. #, etc.

City, State NAPLES, FL

Zip Code & Country 34119

Mailing Address

Address 14873 TYBEE ISLAND DR

Suite, Apt. #, etc.

City, State NAPLES, FL

Zip Code & Country 34119

Name and Address of Registered Agent

RA Business Name KIRCHNER, RICHARD M.

Address 5901 S.W. 74TH STREET

Suite, Apt. #, etc. SUITE 404

City, State SOUTH MIAMI, FL

Zip Code & Country 33143 US

Registered Agent Signature

Officer/Director Name and Address

Title P

Entity Name CASIMIR, RAYNALD