2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002827

Entity Name: FOUR FREEDOMS FOUNDATION, INC.

FILED Feb 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10092 MENUAL BLVD 32 FRAMINGHAM RD

A-19 SOUTHBOROUGH, MA 01772 ALBUQUERQUE, NM 87112

Current Mailing Address: New Mailing Address:

PO BOX 565 32 FRAMINGHAM RD

DATIL, NM 87821 SOUTHBOROUGH, MA 01772

FEI Number: 01-0668145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BELLMAINE, DEBRA
316 5TH AVE., NORTH
SAFETY HARBOR, FL 34695 US
BELLMAINE, DEBRA
212 ORANGEVIEW AVE
CLEARWATER, FL 33755 US

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: 02/11/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CALI, JOANNE G
 Name:
 CALI, JOANNE G

 Address:
 10092 MENAUL BLVD., #A-19
 Address:
 32 FRAMINGHAM RD

City-St-Zip: ALBUQUERQUE, NM 87112 City-St-Zip: SOUTHBOROUGH, MA 01772

Title: D () Delete Title: D (X) Change () Addition Name: PRENNER, CHARLES J PRENNER, CHARLES J

Address: 10092 MENUAL BLVD., #A-19 Address: 32 FRAMINGHAM RD

City-St-Zip: ALBUQUERQUE, NM 87112 City-St-Zip: SOUTHBOROUGH, MA 01772

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name:BELLMAINE, DEBRAName:BELLMAINE, DEBRAAddress:1633 COACHMAKERS LANEAddress:212 ORANGEVIEW AVECity-St-Zip:CLEARWATER, FL 33765City-St-Zip:CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES J PRENNER D 02/11/2006