


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90004 006 ****61.25

DOCUMENT # N02000006947

1. Entity Name
FREEDOM DEBT MANAGEMENT, INC.



Principal Place of Business
**4400 N. FEDERAL HIGHWAY
 SUITE 121
 BOCA RATON, FL 33431**

Mailing Address
**4400 N. FEDERAL HIGHWAY
 SUITE 121
 BOCA RATON, FL 33431**

54024445



2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

03182004 Chg-NP CR2E037 (10/03)

City & State
 City & State

4. FEI Number
52-2376670

Applied For
 Not Applicable

Zip
 Country
 Zip
 Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SCHNUR, CRISPIN
 4400 N. FEDERAL HIGHWAY, SUITE 121
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent
 Name
LAW OFFICES OF JAMES J. DOUGHERTY, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
4400 N. FEDERAL HWY, STE 410
 City
BOCA RATON FL Zip Code
33431

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 *J.J. Dougherty, Esq., Pres.* **JAMES J. DOUGHERTY, ESQ., PRES.** DATE 3-18-04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OCASIO, CARLOS 3275 W. HILLSBORO BLVD., #207 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRIEDEL, KEVIN 8239 FRESH LAKE ROAD BOCA RATON, FL 33498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONERAU, STEPHANE 3275 W. HILLSBORO BLVD., #207 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Kevin Kraide* **Kevin Kraide** Date 3/19/04 Daytime Phone # (561) 393-3483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR