2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 08, 2005 8:00 am Secretary of State

DOCUMENT # N0300006826 1. Entity Name FREEWELLNESSTEST.COM, INC.					o	7-08-2005 9	90025 015 ****70	0.00	
Principal Place of Business Mailing Address 4920 SW 17TH AVENUE 4920 SW 17TH AVENUE CAPE CORAL, FL 33914 CAPE CORAL, FL 33914				(188) 17 8 68	0 MIN 02#1 02M1 69M		Allight was sweet		
2. Principal Place of Business 1407 SE 14th Street		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07032005 C	07032005 Chg-NP CR2E037 (10/03)			
Cape Coral, FL		City & State		4. FEI Number 03-052860	06		pplied For lot Applicable		
3399	O LEE	Zip	Cou	ıntry	5. Certificate of S		\$8.75 Ac Fee Requir	lditional ed	
ļ	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and Ad	dress of New R	Registered Agent		
MIEDEI V	VILLIAM			Name					
MIEDEL, WILLIAM 4920 SW 17TH AVENUE CAPE CORAL, FL 33914				Street Address (P.O. Box Number is Not Acceptable)					
				City /	00 (25)		FI Zin Ço	de 2000	
The above named entity submits this statement for the purpose of changing its regist					pe Coral		<u> </u>	2770	
	ions of registered agent. Signature theod or printed name of registered agents.				re required when reinstating)		05 DATE		
1									
D	Filing Fee is \$61.25 ue by September 7, 2005	. 9. Election Ca Trust Fund			\$5.00 May Be Added to Fees		lake check payable rida Department of S		
D 10.	ue by September 7, 2005 OFFICERS AND DIE	Trust Fund				Flor	RS AND DIRECTORS I	N 10	
10.	OFFICERS AND DIE	Trust Fund	11.	ion, [Flor	rida Department of S	State	
10. TITLE NAME	OFFICERS AND DIE PD MIEDEL, WILLIAM	Trust Fund	11.	ion, [ADDITIONS/CHANG	Flor GES TO OFFICE	RS AND DIRECTORS I	N 10 Addition	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIE OFFICERS AND DIE PD MIEDEL, WILLIAM 4920 SW 17TH AVENUE	Trust Fund	11. TITLE NAM STRE	E E EET ADDRESS	ADDITIONS/CHANG	Flor GES TO OFFICE	RS AND DIRECTORS I	N 10 Addition	
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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 accordate 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-05

239-458-4474

Daytime Phone #