

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-30-2007 90862 046 \*\*\*61.25  
N06000005618

FILED

07 MAY -3 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # N06000005618</b><br>1. Entity Name<br><b>PATH TO FREEDOM FOUNDATION, INC.</b><br><div style="text-align: center;"><i>FOUNDATION</i></div>  |  |  |   |   |  |
| Principal Place of Business<br><b>17057 GULF PINE CIRCLE<br/>WELLINGTON, FL 33414</b>  |  |  | Mailing Address<br><b>17057 GULF PINE CIRCLE<br/>WELLINGTON, FL 33414</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.                                 |   |  |
| City & State   |  |  | City & State  |   |  |
| Zip  |  | Country  |   | 4. FEI Number   |  |
|  |  |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DEL RIO, OMAR<br/>2324 S CONGRESS AVE STE 2C<br/>WEST PALM BEACH, FL 33406</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
|  |  |  |   | <div style="text-align: right;"><b>FL</b></div> <div style="text-align: right;">Zip Code</div>                    |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> <div style="float: right;"><small>DATE</small></div>  |  |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
|  |  | <b>Make check payable to Florida Department of State</b>                         |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>LIMA, RICARDO A<br>17057 GULF PINE CIRCLE<br>WELLINGTON, FL 33414 | <input type="checkbox"/> Delete  |   |   |  |
|  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |   |  |
|  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |   |  |
|  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |   |  |
|  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |   |  |
|  |  | <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 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. |  |  |   |   |  |
| <b>SIGNATURE:</b> <div style="float: right; text-align: right;"> <b>4/27/07</b>     <b>561-795-2690</b> </div>   |  |  |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |   |   |  |