2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009836

Entity Name: FREEDOM CULTURE, INC.

FILED Jan 17, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5345 NW 173RD DR 17220 NW 64TH AVENUE MIAMI, FL 33055

313

HIALEAH, FL 33015

Current Mailing Address: New Mailing Address:

P.O. BOX 170806 HIALEAH, FL 33017

FEI Number: 20-5918818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SALAS, BENJAMIN SALAS, BENJAMIN 5345 NW 173RD DR 17220 NW 64TH AVENUE MIAMI, FL 33055 313 HIALEAH, FL 33015 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: 01/17/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SALAS, BENJAMIN SALAS, BENJAMIN Name: Name:

Address: 5345 NW 173RD DR Address: 17220 NW 64TH AVENUE APT#313

HIALEAH, FL 33015 City-St-Zip: MIAMI, FL 33055 City-St-Zip:

Title: Title: (X) Change () Addition () Delete Name: SALAS, SHARON R Name: SALAS, SHARON R

Address: 5345 NW 173RD DR. Address: 17220 NW 64TH AVENUE APT#313

City-St-Zip: MIAMI, FL 33055 City-St-Zip: HIALEAH, FL 33015

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

WICKERT, MIGUEL Name: TORRES, RUBIN Name: 8621 SW 5TH ST UNIT 108 Address: Address: 6975 W. 16TH ST. City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: HIALEAH, FL 33014

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

Name: Name: CABRERA, JANYL 12484 SW. 42ND ST. Address: Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify 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: BENJAMIN SALAS D 01/17/2009