2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N07000011045

Entity Name: BREAKING FREE, INC.

Current Principal Place of Business:

4300 LEXINGTON AVE.
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

4300 LEXINGTON AVE.
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 26-1471129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUSCO, MICHELLE
4300 LEXINGTON AVE.
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MUSCO, MICHELLE
Address: 4300 LEXINGTON AVE.
City-St-Zip: FORT MYERS, FL 33905

Title: VPD ( ) Delete
Name: ORTIZ, ROSA
Address: 4300 LEXINGTON AVE.
City-St-Zip: FORT MYERS, FL 33905

Title: DIR ( ) Delete
Name: COHEN, KRISTIN
Address: 4300 LEXINGTON AVE.
City-St-Zip: FORT MYERS, FL 33905

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: COHEN, KRISTIN DIR
Address: 4300 LEXINGTON AVE.
City-St-Zip: FORT MYERS, FL 33905

Title: DIR ( ) Change (X) Addition
Name: YOUNG, CINDY DIR
Address: 4300 LEXINGTON AVE.
City-St-Zip: FORT MYERS, FL 33905

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: MICHELLE MUSCO PD 04/03/2009

Electronic Signature of Signing Officer or Director — Date