

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000799

FILED  
May 01, 2012  
Secretary of State

Entity Name: FREE ME, INCORPORATED

**Current Principal Place of Business:**

10741 PINE LODGE TRAIL  
DAVIE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

10741 PINE LODGE TRAIL  
DAVIE, FL 33328 US

**New Mailing Address:**

FEI Number: 36-4665854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HART, NINA  
10741 PINE LODGE TRAIL  
DAVIE, FL 33328 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: D/P  
Name: HART, NINA  
Address: 10741 PINE LODGE TRAIL  
City-St-Zip: DAVIE, FL 33328 US

Title: DVP  
Name: WILLIMAS, LENEEN  
Address: 10741 PINE LODGE TRAIL  
City-St-Zip: DAVIE, FL 33328 US

Title: D  
Name: CAMPBELL, TRISHANN  
Address: 10741 PINE LODGETRAIL  
City-St-Zip: DAVIE, FL 33328

Title: S  
Name: CAMPBELL, TRISHANN  
Address: 10741 PINE LODGE TRAIL  
City-St-Zip: DAVIE, FL 33328

Title: T  
Name: CAMPBELL, TRISHANN  
Address: 10741 PINE LODGE TRAIL  
City-St-Zip: DAVIE, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: NINA HART

D/P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date