


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N19113 1. Entity Name TIME FOR FREEDOM, INC.	
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Principal Place of Business 2003 N.W. 8TH ROAD OCALA, FL 34470 US	Mailing Address P.O. BOX 819 OCALA, FL 34478-0819 US
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2771223	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DECASTRO, BERNIE
50 N.E. 35TH STREET
OCALA, FL 34479

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000475955 04/05/06-80038-001 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARDS, STEVE 85 SW 52 AVE. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CURLINGTON, DAN 2652 N.E. 24TH STREET OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECASTRO, BERNIE 50 N.E. 35TH STREET OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  **3/15/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #