2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45224

Entity Name: HOUSE OF FREEDOM INC.

FILED May 11, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2311 NORTH OBT KISSIMMEE, FL 34744 US **Current Mailing Address: New Mailing Address:** P.O. BOX 42 3202 KISSIMMEE, FL 347423474 2S FEI Number: 59-3084953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORALES, ESTEBAN 1038 SHAWNDA LN. KISSIMMEE, FL 34742 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MORALES, ESTEBEN Name: Name: 1038 SHAWNDA LN. Address: Address: City-St-Zip: KISSIMMEE, FL 34742 City-St-Zip: Title: VD () Delete Title: () Change () Addition CRUZ, ROBERTO Name: Name: Address: 3501 WET FLAGLER AVE. Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: Title: () Delete Title: () Change () Addition PONCE, IRIS Y Name: Name: Address: 994 CHEROKEE DR Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: **VDS** () Delete Title: () Change () Addition Name: MORALES, OLGA Name: 1038 SHAWNDA LN. Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: () Delete Title: (X) Change () Addition AVILA, JOSE J AVILA, JOSE J Name: Name: HIREM GONZILEZ #949 HIREM GONZILEZ #949 Address: Address: CAMUY PUERTO RICO, PR 009729 City-St-Zip: GAMUY PUERTO RICO, City-St-Zip: Title: () Delete Title: (X) Change () Addition DONES, MARILU DONES, MARILU Name: Name: Address: 958 ST KM E.6 Address: 958 ST KM E.6 RIO GRANDE, PUERTO RICO, OC RIO GRANDE, PR 00729 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ESTEBAN MORALES PD 05/11/2004