2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N48758

Entity Name: FREE INDEED, INC.

Current Principal Place of Business:

209 NORTH LIME AVE
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

209 NORTH LIME AVE
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-0341510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINOR, MARGARET G
3111 49TH ST
SARASOTA, FL 34234 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: P ( ) Delete
Name: MINOR, JAMES W
Address: 3111 49TH ST
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete
Name: WAINRIGHT, RON
Address: 728 DEAN AVE
City-St-Zip: SARASOTA, FL 34237

Title: D ( ) Delete
Name: AMMONS, CLEO
Address: 1210 29TH ST. E.
City-St-Zip: PALMETTO, FL

Title: VST ( ) Delete
Name: MINOR, MARGARET G
Address: 3111 49TH ST
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete
Name: MINOR, JAMES R
Address: 4001 TAMPICO DRIVE
City-St-Zip: SARASOTA, FL 34235

Title: D ( ) Delete
Name: BENTLEY, THOMAS J
Address: 3657 OAK GROVE DRIVE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET G MINOR VP 04/24/2007

Electronic Signature of Signing Officer or Director — Date