2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000002110

Entity Name: SET FREE IF YOU WANT TO BE, INC.

FILED Apr 10, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1301 SEMINOLE BLVD STE 101A LARGO, FL 33770 US				6922 142ND AVE NORTH C/O CTN LARGO, FL 33771 US			
Current Mailing Address:				New Mailing Address:			
	FICE BOX 206 L 337792068						
FEI Number:	59-3373505	FEI Number Applied For()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired	()
Name and	Address of (Current Registered Agent:		Name and	Address of N	ew Registered Agent:	
D'ANDREA, MARLENE 1301 SEMINOLE BLVD STE 101A LARGO, FL 33770 US				D'ANDREA, MARLENE 6922 C/O CTN LARGO, FL 33771 US			
	named entity of Florida.	submits this statement for the p	urpose o	f changing it	ts registered o	ffice or registered agent, or	both,
SIGNATURE:				04/10/2003			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AND DIRE	CTORS:
Title: Name: Address: City-St-Zip:	D'ANDREA MA	LE BLVD., SUITE 101A		Title: Name: Address: City-St-Zip:	P (X) D'ANDREA MAR 6922 142ND A' LARGO, FL 33	VE NORTH	
Title: Name: Address: City-St-Zip:	D'ANDREA, RO	LE BLVD, SUITE 101A		Title: Name: Address: City-St-Zip:	V (X) D'ANDREA, RO 6922 142ND A' LARGO, FL 33	VE NORTH	
Title: Name: Address: City-St-Zip:	D'ANDREA, RO	ON ROAD, SUITE 1		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	WHITE, RAND	ISTIAN CTR, 2511 N GRADY ST		Title: Name: Address: City-St-Zip:	D (X) THOMAS, GAIL 5533 81ST TER PINELLAS PAR		
Title: Name: Address: City-St-Zip:	D (THOMAS, MIKI 5533-81ST TE PINELLAS PAF	RRACE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DONOVAN, TE	ON ROAD, SUITE 1		Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: MARLENE D'ANDREA P 04/10/2003

LOWE, TAMARA DIRECTOR 5808 MARINERS WATCH DRIVE TAMPA, FL 33615

MORRIS, YOLANDA TREASURER 6565 S. SYRACUSE WAY STE 1308 ENGLEWOOD, CO 80111