2004 FOR PROFIT CORPORATION

FILED Mar 03, 2004 08:00 AM

<u> </u>	ANNUALI	KEPORT	11 / 52,1	14. + '	Sacre	etary of State
	MENT # P000000970		$\lceil Z \rceil$	Secre	etary of State	
1. Entity Nam FREEHO	BUILDING ONE CORP.					
		gr gg gg games or a	MILE			
Principal Place of Business Mailing Address 1906 HARBOURSIDE DR., #301 1906 HARBOURSIDE DR., #3		11				
LONGBOAT KEY, FL 34228-4206 LONGBOAT KEY, FL 34228-4						
					 	
	O NOT WOITE	^E	02042004	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 22-322		Applied For Not Applicable
					of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
HELLER, F			DO	NOT WE	NTF	
1906 HARBOURSIDE DR., #301 LONGBOAT KEY, FL 34228-4206				-	THIS SPA	
				11.4	IIIIQ SFA	10L
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financh				5.00 May Be	Hananaa	74000
		Trust Fund Contribution.		dded to Fees	U000000 D3/O3/04~8	(4208 1000 3- 010 150.00_
10.	OFFICERS AND DIF	ECTÓRS				
TITLE, P	D HELLER, ROBERT					
STREET ADDRESS CIT#-ST-ZIP	1906 HARBOURSIDE DR., #301 LONGBOAT KEY, FL 342284206		1			
TITLE		· · · · · · · · · · · · · · · · · · ·	1	.,		
NAME STREET ADDRESS						
CITY-ST-ZIP						
NAME			1			
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
ITLE			IN THIS SPACE			
NAME STREET ADDRESS					,	
CITY-ST-ZIP						
TITLE NAME						
STREET ADDRESS						

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, on all there is the empowered.

SIGNATURE:

CMY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Daytene Phone #