2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-28-2008 90017 018 ***150.00 DOCUMENT # P00000097041 FREEHOLD BUILDING ONE CORP. 4111134355 Mailing Address Principal Place of Business 1906 HARBOURSIDE DR., #301 1906 HARBOURSIDE DR., #301 LONGBOAT KEY, FL 34228-4206 LONGBOAT KEY, FL 34228-4206 01152008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3228912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HELLER, ROBERT DO NOT WRITE 1906 HARBOURSIDE DR., #301 LONGBOAT KEY, FL 34228-4206 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HELLER, ROBERT STREET ADDRESS 1906 HARBOURSIDE DR., #301 CITY-ST-ZIP LONGBOAT KEY, FL 342284206 TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME The Contract of the Contract o STREET ADDRESS CITY-ST-7IP

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 607, 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:

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED Feb 28, 2008 8:00 am