2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2007 08:00 AM DOCUMENT # P01000015321 **Secretary of State** FREEDOM SALES & MARKETING, INC. Principal Place of Business Mailing Address 7514 GATES CIRCLE **7514 GATES CIRCLE** SPRING HILL, FL 34606 SPRING HILL, FL 34606 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3697894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ASBEL, BRUCE A DO NOT WRITE 7514 GATES CIRCLE SPRING HILL, FL 34606 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IMLĒ: namè ASBEL, BRUCE STREET ADDRESS 7514 GATES CIR U00000587980 01/17/07-80055-014 150.00 CITY-ST-ZIP SPRING HILL, FL 34606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP

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:

STREET ADDRESS :...

TITLE NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-1/2-07

352-683-647

FILED

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