FILED
Apr 16, 2007 08:00 A
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000079929

1. Entity Name
FREESI, INC.

Principal Place of Business	Mailing Address
401 EAST LAS OLAS BLVD. STE. 2200 FORT LAUDERDALE, FL 33301	401 EAST LAS OLAS BLVD. STE. 2200 FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

01242007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1147482
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PUCK, ROBERT J
401 EAST LAS OLAS BLVD.
STE. 2200
FORT LAUDERDALE, FL 33301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not listing)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOOD, BRIAN A
STREET ADDRESS	401 E. LAS OLAS BLVD. #2200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR