


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90009 035 ***150.00

DOCUMENT # P02000019214	
1. Entity Name FREEGIRL, INC.	

Principal Place of Business 5674 NORTHPOINTE LANE BOYNTON BEACH, FL 33437	Mailing Address 5674 NORTHPOINTE LANE BOYNTON BEACH, FL 33437
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24081916

2. Principal Place of Business	3. Mailing Address 1560 S.W. 24TH CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State BOYNTON BEACH FL.
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Zip	Country	Zip 33426	Country PALM BEACH
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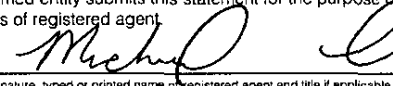
08242004 Chg-P CR2E034 (10/03)

4. FEI Number 47-0853010	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139

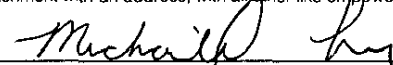
7. Name and Address of New Registered Agent
Name Michael Lee
Street Address (P.O. Box Number is Not Acceptable) 1960 SW 24th Cir.
City Boynton Beach FL Zip Code 33426

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 8/22/04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME RYAN, RONALD	
STREET ADDRESS 5674 NORTHPOINTE LANE	
CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE D	<input type="checkbox"/> Delete
NAME LEE, MICHAEL G	
STREET ADDRESS 5674 NORTHPOINTE LANE	
CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME DUCKWORTH, GREG	
STREET ADDRESS 5674 NORTHPOINTE LANE	
CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RYAN, RONALD	
STREET ADDRESS 5674 NorthPointe Ln	
CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lee Michael G.	
STREET ADDRESS 5674 NorthPointe Ln	
CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JERRY M. JOYNER	
STREET ADDRESS 2644 QUANTUM LAKES DR.	
CITY-ST-ZIP BOYNTON BEACH, FL 33426	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, with all other like empowered.	
SIGNATURE: 	DATE 8/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # 561-351-8152