


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90059 023 ***150.00

DOCUMENT # P02000034363	
1. Entity Name FREEDOM TELECOM INC.	

Principal Place of Business 1900 SUNSET HARBOUR DRIVE SUITE 1414 MIAMI, FL 33139	Mailing Address 1900 SUNSET HARBOUR DRIVE SUITE 1414 MIAMI, FL 33139
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2. Principal Place of Business 1000 S.E. 5th Ave	3. Mailing Address 1000 S.E. 5th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pompano Bch, FL	City & State Pompano Bch, FL
Zip 33060	Zip 33060
Country Broward	Country

03072004 Chg-P CR2E034 (10/03)

4. FEI Number 75-3032248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ASHWOOD, ROBIN 1900 SUNSET HARBOUR DRIVE SUITE 1414 MIAMI, FL 33939	7. Name and Address of New Registered Agent Robin Ashwood Street Address (P.O. Box Number is Not Acceptable) 125 Set Dr. N.W. City At. Walton Bch FL Zip Code 32548
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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: **Robin Ashwood** **Robin Ashwood** **3/8/2004**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Del Sontro, Peter	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEL DONTRO, PETER		NAME 1000 SE. 5th AVE	
STREET ADDRESS 1900 SUNSET HARBOUR DR, APT 1414		STREET ADDRESS Pompano Bch, FL	
CITY-ST-ZIP MIAMI, FL 33139		CITY-ST-ZIP 33060	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Robin Ashwood** **3/15/04** **850-259-7790**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #