
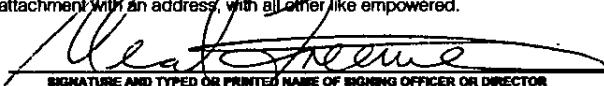


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000066872 1. Entity Name NEAL FREEMAN & ASSOCIATES, INC.		
Principal Place of Business 1420 NW BOCA RATON BLVD. SUITE 3 BOCA RATON, FL 33432		Mailing Address 1420 NW BOCA RATON BLVD. SUITE 3 BOCA RATON, FL 33432
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FREEMAN, NEAL 1420 NW BOCA RATON BLVD # 3 BOCA RATON, FL 33432		DO NOT WRITE 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, NEAL 1420 NW BOCA RATON BLVD. # 3 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: FEB. 7/07 Daytime Phone #: 861-395-6163



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3069695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000631334
02/20/07-80043-022 150.00

**DO NOT WRITE
IN THIS SPACE**