

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029450

Entity Name: FREEDOM ATHLETICS, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

525 GUS HIPP BLVD
STE B
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

525 GUS HIPP BLVD
STE B
ROCKLEDGE, FL 32955

New Mailing Address:

135 GUS HIPP BLVD
ROCKLEDGE, FL 32955

FEI Number: 30-0158694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDOWEL, NANCY
525 GUS HIPP BLVD
STE B
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MCDOWEL, NANCY F
525 GUS HIPP BLVD
STE B
ROCKLEDGE, FL 32955 US

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.

SIGNATURE: NANCY F. MCDOWELL

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MINICLIER, KELLY O
Address: 1970 MICHIGAN AVENUE
City-St-Zip: COCOA, FL 32922

Title: DPS () Delete
Name: MCDOWELL, NANCY F
Address: 119 RIVERSIDE DR
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPS (X) Change () Addition
Name: MCDOWELL, NANCY F
Address: 1024 CORONADO DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY F. MCDOWELL

DPS

04/25/2005

Electronic Signature of Signing Officer or Director

Date