

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90212 007 \*\*\*150.00

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # P03000029450</b><br>1. Entity Name<br><b>FREEDOM ATHLETICS, INC.</b>   |   |   |  |
| Principal Place of Business<br><b>525 GUS HIPPI BLVD<br/>STE B<br/>ROCKLEDGE, FL 32955</b>   |   | Mailing Address<br><b>135 GUS HIPPI BLVD<br/>ROCKLEDGE, FL 32955</b>  |  |
| 2. Principal Place of Business<br><b>245 Gus Hipp Blvd.</b><br>Suite, Apt. #, etc.<br><b>Suite 500</b><br>City & State<br><b>Rockledge, FL</b><br>Zip<br><b>32955</b>  |   | 3. Mailing Address<br><b>245 Gus Hipp Blvd.</b><br>Suite, Apt. #, etc.<br><b>Suite 500</b><br>City & State<br><b>Rockledge, FL</b><br>Zip<br><b>32955</b> |  |
| 4. FEI Number<br><b>30-0158694</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCDOWEL, NANCY F</b><br><b>525 GUS HIPPI BLVD</b> <b>245 Gus Hipp Blvd</b><br><b>STE B</b> <b>STE 500</b><br><b>ROCKLEDGE, FL 32955</b>  |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code          |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                    |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>MINICLIER, KELLY O</b><br><b>1970 MICHIGAN AVENUE</b><br><b>COCOA, FL 32922</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Miniclier, Kelly</b><br><b>480 Myrtlewood Dr.</b><br><b>Melbourne, FL 32940</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DPS<br><b>MCDOWELL, NANCY F</b><br><b>1024 CORONADO DRIVE</b><br><b>ROCKLEDGE, FL 32955</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Xchange</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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 as an attachment with an address, with all other like empowered. |   |   |  |
| <b>SIGNATURE: <u>Nancy McDowell</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <b>5/1/06</b><br><small>Date</small>  |  |
| <b>321-508-4300</b><br><small>Daytime Phone #</small>  |   |   |  |