

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000029450

1. Entity Name
FREEDOM ATHLETICS, INC.



Principal Place of Business
525 GUS HIPP BLVD
STE B
ROCKLEDGE, FL 32955

Mailing Address
135 GUS HIPP BLVD

ROCKLEDGE, FL 32955

2. Principal Place of Business
245 Gus Hipp Blvd.
Suite, Apt. #, etc.
Suite 500
City & State
Rockledge, FL
Zip 32955
Country

3. Mailing Address
245 Gus Hipp Blvd.
Suite, Apt. #, etc.
Suite 500
City & State
Rockledge, FL
Zip 32955
Country

6. Name and Address of Current Registered Agent

MCDOWEL, NANCY F
525 GUS HIPP BLVD. 245 Gus Hipp Blvd
STE-B STE 500
ROCKLEDGE, FL 32955

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00.

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MINICLIER, KELLY O
STREET ADDRESS 1970 MICHIGAN AVENUE
CITY-ST-ZIP COCOA, FL 32922

Delete

TITLE DPS
NAME MCDOWELL, NANCY F
STREET ADDRESS 1024 CORONADO DRIVE
CITY-ST-ZIP ROCKLEDGE, FL 32955

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Miniclier, Kelly
STREET ADDRESS 480 Myrtlewood Dr.
CITY-ST-ZIP Melbourne, FL 32940

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 an attachment with an address, with all other like empowered.

SIGNATURE: Nancy McDonnell NANCY MCDOWELL 5/1/06 321-508-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #