

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90081 028 ***150.00

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| DOCUMENT # P03000057292 1. Entity Name FREESTYLE UNLIMITED, INC. | | | | | |
| Principal Place of Business 5200 N OCEAN DR SINGER ISLAND, FL 33404 | | | Mailing Address 12 ASPETUCK AVE NEW MILFORD, CT 06776 | | |
| 2. Principal Place of Business 1194 SW Live Oak Cove <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address <small>Suite, Apt. #, etc.</small> | | | |
| City & State Port St. Lucie, FL | | City & State <small>City & State</small> | | 4. FEI Number 56-2355205 | |
| Zip 34986 | | Country St. Lucie | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DELEO, RALPH 5200 N OCEAN DR SINGER ISLAND, FL 33404 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1194 SW Live Oak Cove Port St. Lucie City FL Zip Code 34986 | |
| 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, 2005 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Delete MENG, PHILIP 5390 PENNOCK POINT RD JUPITER, FL 33469 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u><i>Philip G. Meng</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>5/24/05</u> Daytime Phone # <u>561 845 6802</u> | | |

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03252005 Chg-P CR2E034 (10/03)