2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-21-2006 90038 037 ***150.00
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1st MOORE CR2E034 (10/05)

DOCUMENT # P04000032787

1. Entity Name

"FREEDOM TO FOCUS" BUSINESS SERVICES, IINC.

Principal Place of Business	Mailing Address
8938 ABERDEEN CREEK RIVERVIEW FL 33569	8938 ABERDEEN CREEK RIVERVIEW FL 33569

2. Principal Place of Business	3. Mailing Address
P.O. Box 2280	P.O. Box 2280
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview Fl	City & State: Riverview Fl
Zip: 33568 Country: Hillsborough	Zip: 33568 Country: Hillsborough

4. FEI Number 43-2042617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLISON, SUSAN L 8938 ABERDEEN CREEK CIRCLE RIVERVIEW FL 33569	Name: Allison, M. Susan Street Address (P.O. Box Number is Not Acceptable): 811 Apollo Beach Blvd. Apollo Beach FL Zip Code 33572

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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	HAYWOOD, M A		NAME		
STREET ADDRESS	8938 ABERDEEN CREEK CIRCLE		STREET ADDRESS	PO Box 2280	
CITY-ST-ZIP	RIVERVIEW FL 33569		CITY-ST-ZIP	Riverview, Fl 33569	
TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	ALLISON, SUSAN		NAME		
STREET ADDRESS	8938 ABERDEEN CREEK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33569		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 2-6-06 813 843-9202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #