2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2006 08:00 AM DOCUMENT # P04000101172 **Secretary of State** FREESTYLE MANAGEMENT, INC. Principal Place of Business Mailing Address C/O B. LINDQUIST 1807 PALM VIEW COURT LONGWOOD FL 32779 C/O B. LINDQUIST 1807 PALM VIEW COURT LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 51-0518247 Not Applicat 700 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINDQUIST, BRETT 1807 PALM VIEW COURT Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent. SIGNATURE Signature, typed or pointed maneral of registered agent and title if applicable (NOTE Registered Abent signature required when reinstailing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of Stale tū. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 73715 ☐ Delete TITLE Change NAME LINDQUIST, BRETT NAME U00000458155 03/17/06-80033-019 1**5**0.00 STREET ADDRESS 1807 PALM VIEW COURT STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ A∷ RICEME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-21P CITY-ST-ZIP TITLE ☐ Detete 71 T2 F Change ☐ Adu NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIF TITLE ☐ Delete □ A A Champe NAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ISSLE Delete TITLE Change □ AC NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-742 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-SI-ZIP

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12. I hereby certify that the information supplied with this filting 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 direct 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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