

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90034 037 ***150.00

40058138



DOCUMENT # P04000146550 1. Entity Name FREE KICKS, INC.																													
Principal Place of Business 13315 SW 110 TERRACE MIAMI, FL 33186			Mailing Address 13315 SW 110 TERRACE MIAMI, FL 33186																										
2. Principal Place of Business - No P.O. Box # 8520 SW 212 Street		3. Mailing Address 8520 SW 212 Street																											
Suite, Apt. #, etc. #308		Suite, Apt. #, etc. #308																											
City & State Miami, FL		City & State Miami, FL																											
Zip 33189		Country Miami-Dade		Zip 33189																									
Country Miami-Dade		4. FEI Number 20-1788741																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent STEWART, MICHAEL 13315 SW 110 TERRACE MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Stewart, Michael Street Address (P.O. Box Number is Not Acceptable) 8520 SW 212 Street, #308 City Miami																										
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 4-10-07																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEWART, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13315 SW 110 TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33186</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	STEWART, MICHAEL		STREET ADDRESS	13315 SW 110 TERRACE		CITY-ST-ZIP	MIAMI, FL 33186		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8520 SW 212 Street, #308</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33189</td> <td></td> </tr> </table>			TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS	8520 SW 212 Street, #308		CITY-ST-ZIP	Miami, FL 33189	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-10-07** Daytime Phone # **305-562-9740**