


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90081 030 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P04000164776 | |  |
| 1. Entity Name FREE SPIRIT GROUP INC. | | |

| | |
|---|---|
| Principal Place of Business 17941 NW 42ND PLACE MIAMI, FL 33155 | Mailing Address 17941 NW 42ND PLACE MIAMI, FL 33155 |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

50061621



08102005 Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 76-0773994 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DAVIS, RONALD L ESQUIRE 1550 NE MIAMI GARDENS DR, STE 200 KISLAK NATIONAL BANK BLDG N MIAMI BEACH, FL 33179 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|---|

| | | | |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, DIRECTOR HINES, DIRK 17941 NW 42ND PLACE MIAMI, FL 33155 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT HINES, SABRINA 17941 NW 42ND PLACE MIAMI, FL 33155 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KING, DANIEL 17941 NW 42ND PLACE MIAMI, FL 33155 <input type="checkbox"/> Delete | 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 |
| 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 |
| 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 |

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:  | 8/10/05 305/623-1669 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone *</small> |

HERMAN MOSKOWITZ, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANTS

ATTACHMENT
50061621

3850 HOLLYWOOD BLVD.
SUITE 204
HOLLYWOOD, FL 33021
TEL 954: 983•6500
FAX 954: 983•6155
EMAIL: HERMAN@HMOSEKOWITZCPA.COM

August 11, 2005

Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

RE: Free Spirit Group, Inc.

FEIN # 76-0773994

Document # P04000164776

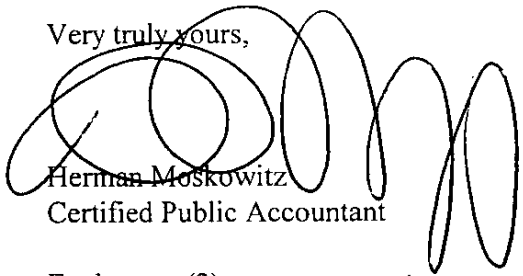
Dear Sir/Madam:

Enclosed is the 2005 Florida Annual Report and a check in the amount of \$150 for payment of the annual report fees.

Please acknowledge receipt of the annual report and payment by date-stamping the additional copy of this letter and returning it to us in the self-addressed stamped envelope we have provided for your convenience.

Should you have any questions, contact the undersigned.

Very truly yours,


Herman Moskowitz
Certified Public Accountant

Enclosures (2)

cc: Free Spirit Group Inc.