

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number **76-0773994** Applied For (Not Applicable)

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, RONALD L ESQUIRE
 1550 NE MIAMI GARDENS DR, STE 200
 KISLAK NATIONAL BANK BLDG
 N MIAMI BEACH, FL 33179**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO HINES, DIRK 17941 NW 42ND PLACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINES, SABRINA 17941 NW 42ND PLACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, DANIEL 17941 NW 42ND PLACE MIAMI, FL 33155
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**DO NOT WRITE
 IN THIS SPACE**

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: *Sabrina Hines*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06
 Date

(305) 623-1669
 Daytime Phone