## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000106552

Title:

Name:

Address:

City-St-Zip:

Entity Name: FREEDOM PRODUCTS INTERNATIONAL, INC.

FILED Apr 26, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1249 SW JANETTE AVE PORT SAINT LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** 1249 SW JANETTE AVE PORT SAINT LUCIE, FL 34953 FEI Number: 20-3317653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAHAM-RECORD, ANSEL 1249 SW JANETTE AVE PORT SAINT LUCIE, FL 34953 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition GRAHAM-RECORD, ANSEL GRAHAM-RECORD, ANSEL Name: Name: 1249 SW JANETTE AVE 1249 SW JANETTE AVE Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: PORT SAINT LUCIE, FL 34953 Title: Title: () Delete () Change () Addition ANDERSON, DERVAN Name: Name: 532 CLINTON AVE Address: Address: ROCKVILLE CENTER, NY 11570 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition ANDERSON, KISHA Name: Name: 532 CLINTON AVE Address: Address: City-St-Zip: ROCKVILLE CENTER, NY 11570 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANSEL GRAHAM-RECORD P 04/26/2007

() Delete

GRAHAM-RECORD, ANSEL

PORT SAINT LUCIE, FL 34953

1249 SW JANETTE AVE

() Change () Addition