2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P05000154669

Entity Name: FREEDOM PARALEGAL AND MULTI-SERVICES, INC.

Current Principal Place of Business:

2550 WEST COLONIAL DRIVE SUITE 414
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

2550 WEST COLONIAL DRIVE SUITE 414
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 20-3295478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAINT, JAMES C
2550 WEST COLONIAL DRIVE SUITE 414
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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:

Title:	PCEO	( ) Delete
Name:	SAINT, JAMES C	
Address:	2550 WEST COLONIAL DRIVE SUITE 414	
City-St-Zip:	ORLANDO, FL 32804	
Title:	D	( ) Delete
Name:	JOSEPH, DIEUFILS	
Address:	5819 HRNET DRIVE	
City-St-Zip:	ORLANDO, FL 32808	
Title:	D	( ) Delete
Name:	DORILAS, ERNST	
Address:	P.O. BOX 550659	
City-St-Zip:	ORLANDO, FL 32855	
Title:	S	( ) Delete
Name:	LAURENT, MARIOLA C	
Address:	1726 MONT VIEW STREET	
City-St-Zip:	ORLANDO, FL 32805	
Title:	T	( ) Delete
Name:	CHRISTOPHE, JEAN	
Address:	4748 S. RIO GRANDE AVE. #90	
City-St-Zip:	ORLANDO, FL 32839	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JAMES C. SAINT DIRE 04/21/2006

Electronic Signature of Signing Officer or Director — Date