2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154669

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

FILED Feb 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2550 WEST COLONIAL DRIVE SUITE 414 ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 2550 WEST COLONIAL DRIVE SUITE 414 ORLANDO, FL 32804 FEI Number: 20-3295478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SAINT, JAMES C 2550 WEST COLONIAL DRIVE SUITE 414 ORLANDO, FL 32804 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: **PCFO** () Delete Title: () Change () Addition CLAIRSAINT, JEAN C Name: Name: 2550 WEST COLONIAL DRIVE SUITE 414 Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: JOSEPH, DIEUFILS Name: JOSEPH, DIEUFILS 5819 HRNET DRIVE 5819 HORNET DRIVE Address: Address: ORLANDO, FL 32808 ORLANDO, FL 32808 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition DORILAS, ERNST DISLA, BENITO Name: Name: P.O. BOX 550659 5655 GRAND CANYON DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32855 City-St-Zip: ORLANDO, FL 32810 Title: () Delete Title: () Change () Addition LAURENT, MARIOLA C Name: Name: Address: 1726 MONT VIEW STREET Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: Title: () Delete (X) Change () Addition CHRISTOPHE, JEAN Name: CLAIRSAINT, SYNTHIA Name: 4748 S. RIO GRANDE AVE. #90 Address: 5600 FAIR OAK CT. Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32808 Title: ASSI () Delete Title: () Change () Addition JEAN CLAIRSAINT, Name: Name: 5600 FAIR OAK CT. Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32808

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.

SIGNATURE: JEAN CLAIRSAINT MGR 02/14/2008