2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103699

Entity Name: FREEDOM FOUND, INC.

2370 WEYMOUTH DR.

CLEARWATER, FL 33764

Address:

City-St-Zip:

FILED Apr 15, 2007 Secretary of State

Entity Na	me: FREEDO	M FOUND, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
	MOUTH DR. ATER, FL 337	64					
Current Mailing Address:			New Maili	New Mailing Address:			
	MOUTH DR. ATER, FL 337	64					
FEI Number	: 20-5484636	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Des	ired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address of Ne	w Registered Agent	t:	
	IARTHA 'MOUTH DR. ATER, FL 337	64 US					
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered off	ice or registered ager	ıt, or both,	
SIGNATU	RE:						
	Electror	nic Signature of Registered Age	ent		Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (FALLIS, MARTI 2370 WEYMOU CLEARWATER	JTH DR.	Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	D (FALLIS, JAMES 2370 WEYMOU CLEARWATER	JTH DR.	Title: Name: Address: City-St-Zip:	P (X) (FALLIS, JAMES 2370 WEYMOUT CLEARWATER, I			
Title: Name: Address: City-St-Zip:	D (ANNIS, FRANC 2370 WEYMOU CLEARWATER	JTH DR.	Title: Name: Address: City-St-Zip:	T (X) (ANNIS, FRANCIS 2370 WEYMOUT CLEARWATER, I	H DR.		
Title: Name:	D (X FERNALD, DE) Delete AN	Title: Name:	() (Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: MARTHA FALLIS D 04/15/2007