

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 22, 2007 8:00 am
Secretary of State

03-02-2007 90020 004 ***150.00

DOCUMENT # P06000124031			
1. Entity Name KENNETH FREEMAN, INC.			
Principal Place of Business 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145		Mailing Address 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145	
2. Principal Place of Business - No P.O. Box # 11350 Dellwood Ln.		3. Mailing Address 11350 Dellwood Ln.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Donato Springs FL		City & State Donato Springs FL	
Zip 34135		Zip 34135	
Country Lee		Country Lee	
4. FEI Number 22-3943819		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Kenneth D Freeman</u> 2-25-07 <small>Signature, typed or printed name of registered agent and 1 fee if applicable. (NOTE: Registered Agent's signature required when necessary.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP FREEMAN, KENNETH D <input type="checkbox"/> Delete 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVPS FREEMAN, MONICA <input type="checkbox"/> Delete 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T FREEMAN, MONICA <input type="checkbox"/> Delete 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kenneth D Freeman</u>		2-25-07 239-691-8155	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	