2008 FOR PROFIT CORPORATION ANNUAL REPORT 🛌

SIGNATURE:

Apr 30, 2008 8:00 am Secretary of State DOCUMENT # P07000096362 03-19-2008 90021 024 ***150.00 FREEM AMERICA, INC. Principal Place of Business Mailing Address 66008769 357 CHURCHILL ROAD P.O. BOX 3223 PALM BEACH, FL 33480 WEST PALM BEACH, FL 33405 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 03152008 Chg-P CR2E034 (12/06) City & State City & State Applied For 26.0798598 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DICKENSON, BLAINE C Street Address (P.O. Box Number is Not Acceptable) 980 NORTH FEDERAL HIGHWAY **SUITE 410** BOCA RATON, FL 33432 City Zio Code Fi 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 SIGNATURE Synotuse, typed or priviled traine of registered agent and title it applicable. INOTE: Pacistered Agent signature required when remissings 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS: \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MILE ☐ Delete ☐ Change ☐ Addition SARTELLI, DESIDERIO HAME HALLE 357 CHURCHILL ROAD STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33405 CITY-ST-71P CITY-ST-ZIP Defete ☐ Addition TITLE Channe fift F LEVINE, MICHAEL HALLE STREET ADDRESS 255 CORDOVA ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY+ST-70P Delete IIILE ☐ Change ☐ Addition TITLE NAME HALE STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY - ST - ZIP THLE Delete BILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST- AP CITY-51-20 ☐ Addition Delete MILE TITLE HALE STREET ADORESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Addition Hite ☐ Delete Change HAME HALE STREET ALIONESS STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not quality 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 tegal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

INTER MAME OF BIGNING OFFICER OR DIRECTOR

FILED