

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000101910

Entity Name: FREEDOM WINGS, INC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

7900 NW 27TH AVENUE  
SUITE 604A  
MIAMI, FL 33147

## New Principal Place of Business:

## Current Mailing Address:

7900 NW 27TH AVE  
MIAMI, FL 33147 US

## New Mailing Address:

7900 NW 27TH AVE  
BOOTH 604-A  
MIAMI, FL 33147 US

FEI Number: 26-0885992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SHULER, LINDA M  
14725 NW 9TH AVE  
MIAMI, FL 33168 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: P ( ) Delete  
Name: BEAUBRUN, CLIFFORD  
Address: 17806 SW 35 DRIVE  
City-St-Zip: MIRAMAR, FL 33029 US

Title: VP ( ) Delete  
Name: SHULER, LINDA M  
Address: 14725 NW 9 AVE  
City-St-Zip: MIAMI, FL 33168 US

Title: T ( ) Delete  
Name: SHULER, LINDA M  
Address: 14725 NW 9 AVE  
City-St-Zip: MIAMI, FL 33168 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: MICHEL, LINDA M  
Address: 14725 NW 9 AVE  
City-St-Zip: MIAMI, FL 33168 US

Title: T (X) Change ( ) Addition  
Name: MICHEL, LINDA M  
Address: 14725 NW 9 AVE  
City-St-Zip: MIAMI, FL 33168 US

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: LINDA M. MICHEL

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date