FILED Jun 24, 2008 8:00 am Secretary of State 05-13-2008 90014 016 ***150.00

2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P0700010 1. Entity Name FREE UP USA, INC.	J296 4			
Principal Place of Business 1522 ROMALLO LANE SARASOTA, FL 34232	Mailing Address 1522 ROMALLO LANE SARASOTA, FL 34232		66	014747
Principal Place of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. ♥, etc.	Suite, Apt. #, etc.		01302008 Chg-P	CR2E034 (12/06)
City & State	City & State		4. FEI Number applied for	Applied For Not Applicable
Zip Country		Country	5. Certificate of Status Desire	Fee Required
6. Name and Address of Curre	Name	7. Name and Address of New Registered Agent Name		
BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101		Streel Address (P.O. Box Number is Not Acceptable)		table)
TALLAHASSEE FL 32301-2960		City		Zip Code
8 The above named entity submits this statement the obligations of registered agent.	of for the purpose of changing its reg	istered office or registe	ered agent, or both, in the State of	of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or pripted name of registered ag	and and life if approachie. (NOTE: Rej	gelered Agent signalure require	d when remblang)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$55	9. Election Campaign 0.00 Trust Fund Contribu		.00 May Be led to Fees	٠
10. OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11 Change
HAME STARK, RACHEL NU STREEL ADDRESS 1522 ROMALLO LANE ST		NAME STREET ADDRESS CITY-ST-ZIP		
INILE VD NAME CATRONE, FRANK SIRET ADDRESS CHY-SI-29 CEDAR GROVE, NJ 07009	☐ Ceiste	TITLE NAME STREET ADDRESS CITY-S1-2IP		☐ Change ☐ Addition
DITLE NAME SIRECT ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- ~	Change Addition
HILLE HAME STREET ADDRESS CHY-51-ZIP	☐ Deloté	NAME STREET ADDRESS CHY-ST-ZIP	- -	□ Change □ Addition
TIPLE NAME STREET ADDRESS CITY-ST- &P	☐ Deleta	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition
IITLE NAME SIRECI ADDRESS CIT-SI-7P	☐ Deleir	THILE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied of indicated on this report or supplemental report of the corporation or the receiver or trustee erchanged, or on an attachment with an address.	rt is true and accurate and that my s impowered to execute this report as r	ignature shall have the	same legal effect as if made un-	der path; that I am an officer or director
SIGNATURE: X X X X X X X X X X X X X X X X X X X	DR PRINTED HAME OF BIGHING OFFICER PRO	ALCTOR LE	04-23-20	108 941-3715037

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