FILED Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90023 031 ***150.00

2008 FOR PROFIT CORPORATION

ANNUAL REPORT								
DOCUMENT # P07000126284 1. Entity Name FREE ENTERPRISE PRESS, INC.								
Principal Place	e of Business	Mailing Address	•			_		
200 HARBOR WALK DR., UNIT 255 Punta Gorda, Fl. 33950		200 HARBOR WALK DR., UNIT 255 Punta Gorda, Fl. 33950		40047244				
Total data (TE 33300		V 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 	CILI (BIB) I BONI BONI BON	81 12918 17818 81110 11981 (Std. B	ED LEDN 11 (EUR)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number	104310	O A	pplied For of Applicable	
Zip	Country	Zip C		try		of Status Desired	S8.75 Ad	
	nt Registered Agent			7. Name and	Address of New R	legistered Agent		
ERRETT,	JOHN :		Name					
200 HARB	OR WALK DR., UNIT 255 ORDA, FL 33950	Street Address		(P.O. Box Number	is Not Acceptable	e)		
							Zip Co	
				City ed office or register	red agent, or both	in the State of Fir	FL	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ag					d when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE	DTRESPENT	☐ Delete	TITLE			•	☐ Change	☐ Addition
NAME STREET ADDRESS			nami Stre	ET ADORESS				
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY	- ST-ZIP		<u> </u>		·
TITLE		Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS				ET ADDRESS .	•			
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITLE	1			☐ Change	☐ Addition
NAME STREET ADDRESS			4	ET ADDRESS				,
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE NAME		☐ Delete	TITLI				Change	Addition (
STREET ADDRESS			- 6	EET ADORESS				
CITY-SI-ZIP			CITY	- ST-ZIP				
TITLE NAME		Delete	TITLI NAM	1			☐ Change	Addition :
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C(TY-ST-ZIP			CITY	'-ST-ZIP				
TITLE		. Delete	TITLI NAM	I			Change	Addition
NAME STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP				-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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 securate 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 his 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 impowered.								
SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description of Distance of Dis								
1	SIGNATURE AND TYPED O	OR PRINTED NAME OF SIGNING OFFICE	K UR DIREC	IUK		Date	Daytime Phone (•