2008 FOR PROFIT CORPORATION

Apr 07, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P93000022698** 04-07-2008 90053 031 ***150.00 1. Entity Name FREEDOM SCREENING CORPORATION 4000-Principal Place of Business Mailing Address 1950 CUSTOM DRIVE 1950 CUSTOM DRIVE FT MYERS, FL 33907 FT MYERS, FL 33907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0404958 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 1950 CUSTOM DR. FT. MYERS, FL 33907 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recestered Agent signature regulated when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 POST TITLE ☐ Delete TITLE ☐ Change Addition TAYLOR, CHARLES R NAME NAME 1950 CUSTOM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33907 CITY-ST-ZIP TIFLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME NAME 15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Dalete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS ٠٠٪ نو CITY-ST-ZIP CITY-ST-ZIP ЛПF Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

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