


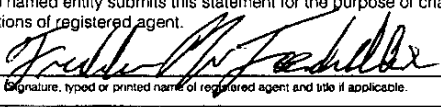
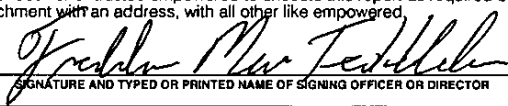
# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90282 048 \*\*\*150.00

**14010903**



<b>DOCUMENT # P96000093925</b>					
1. Entity Name <b>FREDDIE'S PLACE, INC.</b>					
Principal Place of Business <b>915 NW 1ST AVE #H-908 MIAMI, FL 33136</b>			Mailing Address <b>915 NW 1ST AVE #H-908 MIAMI, FL 33136</b>		
2. Principal Place of Business <b>1253 N.W. 38th Street</b>			3. Mailing Address <b>1253 N.W. 38th Street</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Miami, Florida</b>			City & State <b>Miami, Florida</b>		
Zip <b>33142</b>		Country <b>U.S.</b>		4. FEI Number <b>65-0709939</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TEDDLETON, FREDDIE MAE 915 NW 1ST AVE #H-908 MIAMI, FL 33136</b>			7. Name and Address of New Registered Agent Name <b>FREDDIE MAE TEDDLETON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1253 N.W. 38th Street</b> City <b>Miami</b> FL Zip Code <b>33142</b>		
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  DATE <b>2-28-05</b>					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEDDLETON, FREDDIE M 915 NW 1ST AVE., #H-908 MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREDDIE MAE TEDDLETON Miami, Florida 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE:  DATE <b>2-28-05</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					