

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 22, 2006 8:00 am
Secretary of State**

03-22-2006 90018 016 ***150.00

DOCUMENT # P96000103558		
1. Entity Name FREELANCE SERVICES, INC.		

Principal Place of Business 12924 N. HIGHWAY A1A VERO BEACH, FL 32963	Mailing Address 12924 N. HIGHWAY A1A VERO BEACH, FL 32963
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2. Principal Place of Business 5156 St Andrews Island Dr Suite, Apt. #, etc.	3. Mailing Address 5156 St Andrews Island Dr Suite, Apt. #, etc.
City & State Vero Beach, FL Zip 32967	City & State 5156 Zip 32967
Country USA	Country USA

6. Name and Address of Current Registered Agent BRUNO, JULIET M 12924 N. HIGHWAY A1A VERO BEACH, FL 32963



02152006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0720953	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL Zip Code
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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: *Juliet Bruno* DATE: *2/16/06*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revising)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BRUNO, JULIET M 12924 N. HIGHWAY A1A VERO BEACH, FL 32963	<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 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.

SIGNATURE: *Juliet Bruno* Date: *2/16/06* Daytime Phone #: *772-289588X*
Signature and typed or printed name of signing officer or director