


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000031150</b> 1. Entity Name FREELANCE ALOT, INC.	
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Principal Place of Business 3150 NW 69TH STREET FORT LAUDERDALE, FL 33309	Mailing Address 3150 NW 69TH STREET FORT LAUDERDALE, FL 33309
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02192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0834419	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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6. Name and Address of Current Registered Agent  HASKELL, DARLA 3150 NW 69TH STREET FORT LAUDERDALE, FL 33309
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<del>000000073991</del> <del>03/10/04-80018-005 150.00</del>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HASKELL, RODNEY 3150 NW 69TH STREET FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HASKELL, DARLA 3150 NW 69TH STREET FORT LAUDERDALE, FL 33309
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

  000000082918 03/10/04-80018-005 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X Darla Haskell* *4/2/28/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #