


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90042 025 ***150.00

DOCUMENT # P98000102804	
1. Entity Name FREEDOM KITCHENS, INC.	

Principal Place of Business 1842 SEGRAVES #D S DAYTONA, FL 32119	Mailing Address 145 BRANDY HILLS DR. PORT ORANGE, FL 32129
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2. Principal Place of Business - No P.O. Box # 1842 Segrave St.	3. Mailing Address 5950 Peggy Barrow Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State South Daytona FL	City & State Port Orange FL
Zip 32119	Zip 32127
Country Volusia	Country Volusia

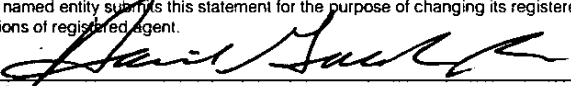


03312007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3548512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALBA, DAVID SR 5950 PEGGY BARROW CT PORT ORANGE, FL 32127		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  DATE **3-31-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALBA, DAVID SR.		NAME GALBA, DAVID SR.	
STREET ADDRESS 5950 PEGGY BARROW CT		STREET ADDRESS 5950 PEGGY BARROW CT	
CITY-ST-ZIP PORT ORANGE, FL 32127		CITY-ST-ZIP PORT ORANGE, FL 32127	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALBA, SUSAN M		NAME GALBA, SUSAN M	
STREET ADDRESS 5950 PEGGY BARROW CT		STREET ADDRESS 5950 PEGGY BARROW CT	
CITY-ST-ZIP PORT ORANGE, FL 32127		CITY-ST-ZIP PORT ORANGE, FL 32127	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE **3-31-07** DAYTIME PHONE # **386-788-3480**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR