## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000087037

EDEEDOM TEAM INC

FILED Apr 05, 2005 Secretary of State

Entity Nar	me: FREEDO	M LEAM, INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
6139 SE 58 BELLEVIE	8TH AVE W, FL 34420						
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
PO BOX 10 BELLEVIE	028 W, FL 34421						
FEI Number:	: 59-3599888	FEI Number Applied For ( )	FEI Number Not App	icable ( ) C	ertificate of Status Des	sired ( )	
Name and	Address of C	Surrent Registered Agent:	Name and	Address of Nev	w Registered Agen	t:	
12305 SE	RLIN, RYAN D 55TH AVENUE W, FL 34420	ROAD US	2070 SE 50	WEEKLEY, DEBRA A 2070 SE 50TH TERR. OCALA, FL 34471 US			
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registered offic	ce or registered age	nt, or both,	
SIGNATUR	RE: DEBRAV	VEEKLEY		04/05/2005			
	Electron	ic Signature of Registered Ag	ent		Date		
Election Car	npaign Financing	g Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( ) CHAMBERLIN, 12305 SE 55TH BELLEVIEW, F	AVE RD	Title: Name: Address: City-St-Zip:	( ) CI	nange ( ) Addition		
Title: Name: Address: City-St-Zip:	D () WEEKLEY, RA 2070 SE 50TH OCALA, FL 34	TERRACE	Title: Name: Address: City-St-Zip:	( ) CI	nange ( ) Addition		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	D () CH WEEKLEY, DEBR 2070 SE 50TH TE OCALA, FL 34471	RR.		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	D () CH CHAMBERLIN, JE 12305 SE 55TH AN BELLEVIEW, FL 3	VE RD		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA WEEKLEY 04/05/2005 D