

FILED

2008 APR 18 PM 4:02

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S42882

1. Entity Name
FREDA INTERNATIONAL, INC.Principal Place of Business
220 SUNRISE AVENUE, SUITE 206
PALM BEACH, FL 33480Mailing Address
220 SUNRISE AVENUE, SUITE 206
PALM BEACH, FL 334802. Principal Place of Business - No P.O. Box #
2810 Remington
Suite, Apt. #, etc. Green Circle3. Mailing Address
2810 Remington
Suite, Apt. #, etc. Green Circle

04152008 Chg-P CR2E034 (12/06)

City & State
Tallahassee, FLCity & State
Tallahassee, FL4. FEI Number
65-0259436Applied For
Not ApplicableZip Country
32308 LeonZip Country
32308 Leon5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINTMIRE, DONALD F
220 SUNRISE AVENUE, SUITE 206
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name
Albert C. Penson
Street Address (P.O. Box Number is Not Acceptable)
Penson & Davis, P.A.
2810 Remington Green Circle
City Tallahassee FL Zip Code 32308

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

Albert C. Penson

4/18/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME DVP
STREET ADDRESS DAVIS, FREDA X
CITY-ST-ZIP 220 SUNRISE AVENUE, SUITE 206
PALM BEACH, FL 33480 ☐ DeleteTITLE
NAME TS
STREET ADDRESS DAVIS, FREDA X
CITY-ST-ZIP 220 SUNRISE AVENUE, SUITE 206
PALM BEACH, FL 33480 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500124383265
04/21/08--01003--007 **158.75TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08 850-561-8000

Date Daytime Phone #

4/18/08