2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2006 08:00 AM Secretary of State **DOCUMENT # V73097** 1. Entity Name FREESTYLE DESIGNS, INC. Principal Place of Business Mailing Address 1051 N.W. 85TH TERRACE PLANTATION FL 33322 US 1051 N.W. 85TH TERRACE PLANTATION FL 33322 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FLi Number Applied F. 65-0372389 Not Applie Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, LINDA Street Address (P.O. Box Number is Not Acceptable) 1051 N.W. 85TH TERRACE PLANTATION FL 33322 City Zip Code 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 authe obligations of registered agent. Signature typeo is preten here of registered agent and Wolf approaches DATE (NOTE: Registered Agent signature required when rems(alux)) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 Mar After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to F: Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THLE ☐ Change ☐ Mª YOUNG, LINDA MAME NAM STREET ADDRESS U00000503724 1051 N.W. 35TH TERRACE STREET ADORESS 04/26/06-80044-002 150.0 City-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIP MILE Delete ☐ Change ☐ A.* HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP □ !** ☐ Change TITLE ☐ Delete THE NAME MARKE STREET ADDRESS STRUET AUDRESS CHY-ST-20P CITY-ST-ZIF TITLE ☐ Change □ A Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 700 F ☐ Delete TITLE Change \square : NAME እንላሲነኝ STREET ADDRESS STREET ADDRESS CAY-ST-ZIP CITY-ST- ZIP IRLE ☐ Delete HILL ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path, that I am an officer or discording 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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H10/06 954-916-00:

FILED