

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097075

FILED
Apr 27, 2006
Secretary of State

Entity Name: DARE TO DREAM CREATIONS, LLC

Current Principal Place of Business:

PO BOX 3319
SARASOTA, FL 34230

New Principal Place of Business:

5214 34TH AVE. W.
BRADENTON, FL 34209

Current Mailing Address:

PO BOX 3319
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 20-3718253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELFIGLIO, LUCIANNA
5214 34TH AVE W
BRADENTON, FL 342096308 US

Name and Address of New Registered Agent:

BELFIGLIO, LUCIANA I MS
5214 34TH AVE W
BRADENTON, FL 342096308 US

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.

SIGNATURE: LUCIANA I BELFIGLIO

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BELFIGLIO, LUCIANNA
Address: PO BOX 3319
City-St-Zip: SARASOTA, FL 34230

Title: MGR () Delete
Name: BELFIGLIO, ROBERT
Address: PO BOX 3319
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BELFIGLIO, LUCIANA I MS
Address: PO BOX 3319
City-St-Zip: SARASOTA, FL 34230

Title: MGR (X) Change () Addition
Name: BELFIGLIO, ROBERT J MR
Address: PO BOX 3319
City-St-Zip: SARASOTA, FL 34230

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LUCIANA I. BELFIGLIO

MS

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date