

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2004  
Secretary of State**

DOCUMENT# N00000008403

Entity Name: DREAMS TO REALITY, INC.

**Current Principal Place of Business:**

6570 30TH AVENUE NORTH  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

6570 30TH AVENUE NORTH  
ST PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number: 59-3686774      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERTS, CARL G  
6570 30TH AVENUE NORTH  
ST PETERSBURG, FL 33710      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPT      ( ) Delete  
Name: ROBERTS, CARL G  
Address: 6570 30TH AVE. NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: DVP      ( ) Delete  
Name: MOODY, DWIGHT  
Address: 3200 64TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: DS      ( ) Delete  
Name: BALLARD, JODIE  
Address: 8802 109TH LANE NORTH  
City-St-Zip: SEMINOLE, FL 34642

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS      (X) Change ( ) Addition  
Name: BALLARD, JODIE  
Address: 2578 WINDING WAY  
City-St-Zip: PALM HARBOR, FL 34683

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL G ROBERTS

P

04/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date