


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # P01000052618


1. Entity Name
SUNCOAST DREAMWORKS, INC.



Principal Place of Business Mailing Address

632 VALENCIA RD **632 VALENCIA RD**
VENICE, FL 34285 **VENICE, FL 34285**

DO NOT WRITE IN THIS SPACE



01282007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-1112291 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

REEGLER, SARI LYNN
1521 S TAMIAMI TR, STE 304
VENICE, FL 34292

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUONICONTI, FRED 1311 CLUBVIEW CT. VENICE, FL 34292 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTS ROCHFORD, RALPH 632 VALENCIA RD. VENICE, FL 34285 |
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03/12/07-80004-015 150.00

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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: *Ralph H. Rochford* **RALPH H. ROCHEFORD** 1/31/07 941 4883741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #