## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000062898

Address:

City-St-Zip:

Entity Name: DREAM BOATS, INCORPORATED

FILED Apr 30, 2003 Secretary of State

Entity Nar	ne: DREAM E	BUATS, INCORPORATED				
Current Principal Place of Business:			New Principal Place of Business:			
	RLINGTON ST ILL, FL 34609	REET				
Current Mailing Address:			New Mailing Address:			
	RLINGTON ST ILL, FL 34609	REET				
FEI Number:	16-1621193	FEI Number Applied For()	FEI Number Not Appl	licable ( ) Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
A1A CORPORATE SERVICES INC. 218 SOUTHERN COUNTRY LANE QUINCY, FL 32351 US			BROWN, RALPH D PRES. 13412 BARLINGTON ST. SPRING HILL, FL 34609 US			
	named entity s of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,		
SIGNATURE: RALPH D. BROWN				04/30/2003		
	Electron	ic Signature of Registered Age	ent	Date		
	npaign Financing S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PSTD () BROWN, RALP 13412 BARLING SPRING HILL, I	GTON STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	D. ( ) Change (X) Addition MARKOPULOS, ZISIMOS 8809 EAGLE WATCH DR. RIVERVIEW, FL 33569 US		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition MILLER, LOGAN 8836 CESSNA DR. NEW PORT RICHEY, FL 34654 US		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	D. ( ) Change (X) Addition BROWN, ANNE 13412 BARLINGTON ST. SPRING HILL, FL 34609 US		
Title: Name:	( )	Delete	Title: Name:	D. ( ) Change (X) Addition GUTFLEISH, LOUIS		

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

Address:

10931 TRELAIN WAY

City-St-Zip: HUDSON, FL 34667 US

SIGNATURE: RALPH D. BROWN PRES 04/30/2003