

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90452 031 ***150.00

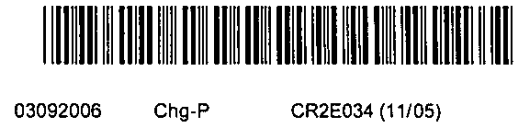
DOCUMENT # P03000082674
 1. Entity Name
 DREAM HOME APPRAISALS, INC.



Principal Place of Business Mailing Address
 P. O. BOX 141104 P. O. BOX 141104
 CORAL GABLES, FL 33114 CORAL GABLES, FL 33114

60031694

2. Principal Place of Business 3. Mailing Address
 13012 SW 120 St. 13012 SW 120 St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03092006 Chg-P CR2E034 (11/05)

City & State City & State
 Miami, FL Miami, FL
 Zip Country Zip Country
 33186 33186

4. FEI Number Applied For
 45-0520121 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PEREZ, IVAN
 15516 SW 23RD LANE
 MIAMI, FL 33185

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 accept the obligations of registered agent.
 SIGNATURE: *Ivan Perez* DATE: 4/12/06
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, IVAN	
STREET ADDRESS	P. O. BOX 141104	
CITY-ST-ZIP	CORAL GABLES, FL 33114	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEREZ, CHRISTOPHER I	
STREET ADDRESS	P. O. BOX 141104	
CITY-ST-ZIP	CORAL GABLES, FL 33114	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANCHEZ, REGLA J	
STREET ADDRESS	P. O. BOX 141104	
CITY-ST-ZIP	CORAL GABLES, FL 33114	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	PEREZ, JESSICA B	
STREET ADDRESS	P. O. BOX 141104	
CITY-ST-ZIP	CORAL GABLES, FL 33114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ivan Perez* DATE: 4/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #