

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000037781



1. Entity Name
 STARDREAMER CORP.

Principal Place of Business
 625 N. FLAGLER DRIVE, 9TH FLOOR
 WEST PALM BEACH, FL 33401

Mailing Address
 625 N. FLAGLER DRIVE, 9TH FLOOR
 WEST PALM BEACH, FL 33401



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0676198	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FIZDALE, MARA
 14860 ROLLING ROCK PL
 WEST PALM BEACH, FL 33414

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 _____ DATE _____
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, 2008 Fee will be \$550.00

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

U00000951195
 06/04/08-80023-008 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FIZDALE, MARA 14860 ROLLING ROCK PL. WEST PALM BEACH, FL 33414
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DO NOT WRITE IN THIS SPACE

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: *Mara Fizdale* May 5 2008 860 364 0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #