


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90057 003 ***158.75

DOCUMENT # P96000047862

1. Entity Name
DREAM HUNTERS & CREATIVE PEOPLE INCORPORATED



Principal Place of Business
**1717 NORTH BAYSHORE DRIVE
 APT. 2851
 MIAMI, FL 33132**

Mailing Address
**1717 NORTH BAYSHORE DRIVE
 APT. 2851
 MIAMI, FL 33132**

60008874



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01252006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0670050

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WATKINS PA, NICOLAS J
 504-501 BRICKELL KEY DRIVE
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **SAUL H. SILVERMAN**
 Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD. #1100
 City **CORAL GABLES** FL Zip Code **33134**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, GUSTAVO 1717 NORTH BAYSHORE DR. APT. 2851 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: GUSTAVO SANCHEZ Date: JAN 24/06 Daytime Phone #: 305-530-4510