

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90006 042 ***150.00

DOCUMENT # P01000074774					
1. Entity Name DREAM CONSULTING, INC.					
Principal Place of Business 3700 N.W. 124TH AVE. SUITE 103 POMPANO BEACH, FL 33065			Mailing Address 3700 N.W. 124TH AVE. SUITE 103 POMPANO BEACH, FL 33065		
2. Principal Place of Business 5045 MARLA DRIVE Suite, Apt. #, etc.		3. Mailing Address 5045 MARLA DRIVE Suite, Apt. #, etc.			
City & State BOYNTON BEACH, FLORIDA		City & State BOYNTON BEACH, FLORIDA		4. FEI Number 65-1124825	
Zip 33436		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARCHOLECAS, MILTON 3700 N.W. 124TH AVE. SUITE 103 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name: <u>ARCHOLECAS, MILTON</u> Street Address (P.O. Box Number is Not Acceptable): 5045 MARLA DRIVE City: <u>BOYNTON BEACH</u> <u>FL</u> <u>33436</u>		
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: <u>Milton Archolecas, president</u> <u>MILTON ARCHOLECAS</u> <u>8-23-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARCHOLECAS, MILTON 10185 NW 69 MANOR PARKLAND, FL 33076	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ARCHOLECAS, MILTON 5045 MARLA DRIVE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Milton Archolecas</u> <u>MILTON ARCHOLECAS</u> <u>PRESIDENT</u> <u>8-23-04</u> <u>954-732-0671</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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