2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90437 028 ***150.00

DOCUMENT # P03000067178

1. Entity Name
LUCID DREAMS ENTERTAINMENT, INC.

40074923

04202005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2161 LAKE DEBORAH DRIVE #1721 ORLANDO, FL 32835	717 EAST OAK STREET KISSIMMEE, FL 34744

2. Principal Place of Business	3. Mailing Address
13233 Daniels Landing Cr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden, FL	City & State:
Zip: 34787 Country: US	Zip: Country:

4. FEI Number: 86-1070328 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAUMRUK, ANDY J CPA
717 E OAK STREET
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name: Christopher S. Nigosanti-Davis
Street Address (P.O. Box Number is Not Acceptable): 13233 Daniels Landing Circle
City: Winter Garden FL Zip Code: 34787

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: [signature] 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	NIGOSANTI-DAVIS, CHRISTOPHER S	NAME	
STREET ADDRESS	2161 LAKE DEBORAH DRIVE #1721	STREET ADDRESS	13233 Daniels Landing Circle
CITY-ST-ZIP	ORLANDO, FL 32835	CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	VPS ☐ Delete	TITLE	VSD ☒ Change ☐ Addition
NAME	BAUTISTA, JASON	NAME	
STREET ADDRESS	4328 IVEYGLEN AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32826	CITY-ST-ZIP	
TITLE	VPT ☐ Delete	TITLE	VTD ☒ Change ☐ Addition
NAME	LAUER, GARRET	NAME	
STREET ADDRESS	16332 COOPER HAWK AVE	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #