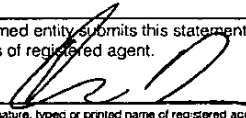
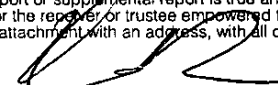


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 2161 LAKE DEBORAH DRIVE #1721 ORLANDO, FL 32835			Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744		
2. Principal Place of Business 13233 Daniels Landing Cr.		3. Mailing Address Suite, Apt. #, etc.			
City & State Winter Garden, FL		City & State Suite, Apt. #, etc.		4. FEI Number 86-1070328	
Zip 34787		Country US		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  DATE 4/15/05 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD NIGOSANTI-DAVIS, CHRISTOPHER S 2161 LAKE DEBORAH DRIVE #1721 ORLANDO, FL 32835	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BAUTISTA, JASON 4328 IVEYGLEN AVE ORLANDO, FL 32826	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LAUER, GARRET 16332 COOPER HAWK AVE CLERMONT, FL 34711	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD 	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD 	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:  DATE 4/15/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40074923



04202005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

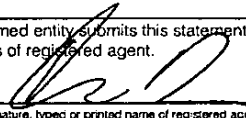
7. Name and Address of New Registered Agent

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  DATE 4/15/05
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NIGOSANTI-DAVIS, CHRISTOPHER S
2161 LAKE DEBORAH DRIVE #1721
ORLANDO, FL 32835

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
BAUTISTA, JASON
4328 IVEYGLEN AVE
ORLANDO, FL 32826

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
LAUER, GARRET
16332 COOPER HAWK AVE
CLERMONT, FL 34711

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

13233 Daniels Landing Circle
Winter Garden, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
☒ Change ☐ Addition

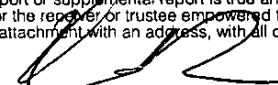
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:  DATE 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR