


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 08:00 AM
Secretary of State


DOCUMENT # 482955 1. Entry Name DIGITAL DREAM PRODUCTIONS, INC.	
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Principal Place of Business 635 EGRET BLUFF LANE JACKSONVILLE FL 32211 US	Mailing Address 635 EGRET BLUFF LANE JACKSONVILLE FL 32211 US
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

4. FEI Number 59-1993994	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOORE, MERRIL K. 777 S. FLETCHER AVE. AMELIA ISLAND FL 32034	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>NOTE: Registered Agent signature required when reinstating</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P <input type="checkbox"/> Delete	NAME MOORE, MERRIL K STREET ADDRESS 777 S. FLETCHER AVE. CITY - ST - ZIP AMELIA ISLAND FL
TITLE TS <input type="checkbox"/> Delete	NAME MOORE, MARY M STREET ADDRESS 777 SOUTH FLETCHER AVE CITY - ST - ZIP AMELIA ISLAND FL 32034
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME U00000220893 STREET ADDRESS 02/09/05-80009-019 150.00 CITY - ST - ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS 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)(f), 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: Merril K. Moore Mary M. Moore 2-2-05 904-277-3156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #