


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90236 037 ***150.00

DOCUMENT # F0000006266

1. Entity Name
DREAMS FRANCHISE CORPORATION



Principal Place of Business Mailing Address

2 SOUTH UNIVERSITY DRIVE **2 SOUTH UNIVERSITY DRIVE**
SUITE 325 **SUITE 325**
PLANTATION, FL 33324 **PLANTATION, FL 33324**

14008615



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For

33-0405968 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDS, ERIC
2 SOUTH UNIVERSITY DRIVE
SUITE 325
PLANTATION, FL 33324

Name
David M. Greene

Street Address (P.O. Box Number is Not Acceptable)
Two South University Dr. #325

City State Zip Code
Plantation **FL** **33324**

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: *David M. Greene* DATE: **4-28-05**

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	<input type="checkbox"/> Delete
NAME	TANNENBAUM, ROSS	
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE, STE 325	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SANDS, ERIC	
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE, STE 325	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, DALE	
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE, STE 325	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BATTISTONE, SAM	
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE, STE 325	
CITY-ST-ZIP	PLANTATION, FL 33324	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David M. Greene	
STREET ADDRESS	2 South University Dr. # 325	
CITY-ST-ZIP	Plantation FL 33324	
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)(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: *David M. Greene* **DAVID M. GREENE** **4-28-05** **954-277-0002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #