2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000006957

1. Entity Name
DREASON (BVI) CO LIMITED

Principal Place of Business	Mailing Address
PO BOX 3140 ROAD TOWN TORTOLA, BRITISH, VI	7801 S W 35TH TER MIAMI, FL 33155

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01132006 No Chg-NP   CR2E037 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ-WILLIAMS, MARITZA
7801 SW 35 TER
MIAMI, FL 33155

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10.	OFFICERS AND DIRECTORS
TITLE	CD
NAME	WILLIAMS, COLIN V
STREET ADDRESS	1 DUNMORE ISLAND, OLD FORT BAY
CITY-ST-ZIP	NEW PROVIDENCE CB, 12769
TITLE	S
NAME	BRIZAN, ROSELYN F
STREET ADDRESS	PO BOX 3140, ROAD TOWN
CITY-ST-ZIP	TORTOLA, BRITISH VIRGIN ISLA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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01/20/06-60050-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: _____ (COLIN WILLIAMS)   1.13.06   305 3365105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #