


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90083 011 \*\*\*150.00

<b>DOCUMENT # H80674</b> 1. Entity Name DREAM STATE, INCORPORATED	
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Principal Place of Business 11115 SHADYBROOK DR. <del>P.O. BOX 152927</del> TAMPA, FL 33684	Mailing Address <del>11115 SHADYBROOK DR.</del> P.O. BOX 152927 TAMPA, FL 33684
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40100316



2. Principal Place of Business - No P.O. Box # 11115 Shadybrook Dr.	3. Mailing Address P.O. Box 152927
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State TAMPA FL	City & State TAMPA FL
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Zip 33625	Country Hillsborough	Zip 33684	Country
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04302007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2597041	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  MACAR, ROBERT A 11115 SHADYBROOK DR. TAMPA, FL 33625	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MACAR, ROBERT A. 11115 SHADYBROOK DR. TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MACAR, ROBIN W. 11115 SHADYBROOK DR. TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:** Robert A. Macar 04/30/07 813/962-8014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

## ATTACHMENT

**CGI Error**40100316  
# H88674

The specified CGI application misbehaved by not returning a complete set of HTTP headers. The headers it did return are:

Dear Lilián folks :

I spend about 2 hours of my life today trying to manoeuvre your website. If you are no longer going to send out forms, you better make damn sure the website is up to the task. I was never able to pay online, and for most of the day was unable to print the form. I called my accountant, who said others had called with the same problem. I consider myself lucky that I was able to print the form to mail out. Yikes!