2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000039708

1. Entity Name PRODREAMS, LLC



Principal Place of Business

Mailing Address

P.O. BOX 849

PENSACOLA, FL 32591

P.O. BOX 849 PENSACOLA, FL 32591 US

FILED Apr 23, 2007 08:00 Al Secretary of State



04172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1250948

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, FRANK S 45 S 9TH AVE PENSACOLA, FL 32502

DO NOT WRITE IN THIS SPACE

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 Florid.	 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)

Filing Fee is \$50.00 Due by May 1, 2007

000000723610 05/02/07-80079-009 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HUGHES, FRANK R
STREET ADDRESS	P.O. BOX 849
CITY-ST-ZIP	PENSACOLA, FL 32591
TITLE	MGRM
NAME	HUGHES, CHARLES W
STREET ADDRESS	P.O.BOX 849
CITY-ST-7IP	PENSACOLA, FL 32591
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	,
CITY-ST-ZIP	·
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the timited fiability company or the receiver or trustee empowered to execute his report as required by Chapter 608, Florida Statutes.

ING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #