

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007978

**FILED**  
**Apr 29, 2004**  
**Secretary of State****Entity Name:** EXPERIENCE THE DREAM, INC.**Current Principal Place of Business:**5450-21ST WAY S, APT 114  
ST PETERSBURG, FL 33712 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 60813  
ST PETERSBURG, FL 33784**New Mailing Address:****FEI Number:** 59-3729603**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SIMONETTI, CHESTER A  
5450-21ST WAY S, APT 114  
ST PETERSBURG, FL 33712 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** SIMONETTI, CHESTER A  
**Address:** 5450-21ST WAY S, APT 114  
**City-St-Zip:** ST PETERSBURG, FL 33712**Title:** D ( ) Delete  
**Name:** SIMONETTI, DEBRA SUE  
**Address:** 5245 -20TH STREET NORTH  
**City-St-Zip:** ST PETERSBURG, FL 33714**Title:** D ( ) Delete  
**Name:** JOHNSON, SCOTT F  
**Address:** 16302 NE 153RD LANE  
**City-St-Zip:** FT MCOY, FL 32134FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHESTER A. SIMONETTI

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date