

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007978

FILED
Apr 30, 2003
Secretary of State

Entity Name: EXPERIENCE THE DREAM, INC.

Current Principal Place of Business:

5450-21ST WAY S, APT 116
ST PETERSBURG, FL 33712 US

New Principal Place of Business:

5450-21ST WAY S, APT 114
ST PETERSBURG, FL 33712 US

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 116
ST PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

SIMONETTI, CHESTER A
5450-21ST WAY S, APT 114
ST PETERSBURG, FL 33712 US

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: _____

04/30/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMONETTI, CHESTER A
Address: 5450-21ST WAY S, APT 116
City-St-Zip: ST PETERSBURG, FL 33712

Title: D () Delete
Name: SIMONETTI, DEBRA SUE
Address: 5450 -1ST WAY S, APT 116
City-St-Zip: ST PETERSBURG, FL 33712

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: D (X) Change () Addition
Name: SIMONETTI, CHESTER A
Address: 5450-21ST WAY S, APT 114
City-St-Zip: ST PETERSBURG, FL 33712

Title: D (X) Change () Addition
Name: SIMONETTI, DEBRA SUE
Address: 5245 -20TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33714

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

04/30/2003

Electronic Signature of Signing Officer or Director

Date