2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006038

City-St-Zip:

FILED Apr 30, 2006 Secretary of State

Entity Name: BROKENDREAMS INC. Current Principal Place of Business: New Principal Place of Business: 3486 BOB TOLBERT RD NAVARRE, FL 325669602 **Current Mailing Address: New Mailing Address:** 3486 BOB TOLBERT RD NAVARRE, FL 325669602 FEI Number: 61-1491027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HODGES, DAVID M 3486 BOB TOLBERT RD NAVARRE, FL 325669602 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO () Delete () Change () Addition HODGES, DAVID M Name: Name: Address: 3486 BOB TOLBERT RD Address: City-St-Zip: NAVARRE, FL 325669602 City-St-Zip: Title: PC () Delete Title: () Change () Addition Name: HODGES, DAVID M Name: Address: 3486 BOB TOLBERT RD Address: City-St-Zip: NAVARRE, FL 325669602 City-St-Zip: Title: () Delete Title: CFO () Change (X) Addition Name: KWIATKOWSKI, JERAMY Name: Address: Address: 3486 BOB TOLBERT RD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

NAVARRE, FL 325669602

SIGNATURE: DAVID M HODGES PC 04/30/2006