

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006608

FILED  
Mar 06, 2006  
Secretary of State

Entity Name: THE DREAM STATION INC

**Current Principal Place of Business:**

500 E OAKWOOD  
TARPON SPRINGS, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

500 E OAKWOOD  
TARPON SPRINGS, FL 33782

**New Mailing Address:**

FEI Number: 20-3084699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, MICHAEL  
10229 57TH WAY N  
PINELLAS PARK, FL 33782 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: C ( ) Delete  
Name: DAVIS, MICHAEL  
Address: 10229 57TH WAY N  
City-St-Zip: PINELLAS PARK, FL 33782

Title: VC ( ) Delete  
Name: DAVIS, DAWN E  
Address: 10229 57TH WAY N  
City-St-Zip: PINELLAS PARK, FL 33782

Title: S ( ) Delete  
Name: MILLS, DOYLE  
Address: 10229 57TH WAY N  
City-St-Zip: PINELLAS PARK, FL 33782

**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 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.

SIGNATURE: MICHAEL W DAVIS

C

03/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date