


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

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006916		
1. Entity Name *DAYDREAMS, INC.		
Principal Place of Business 105 SUMMIT STREET BOONVILLE, NY 13309 US	Mailing Address 105 SUMMIT STREET BOONVILLE, NY 13309 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GREMS, ROBERT C 3903 EMPEDRADO ST. TAMPA, FL 33629		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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Robert C. Grems</u> <u>ROBERT C. GREMS</u> <u>4-15-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000118768 04/19/04-80073-016 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREMS, ROBERT C 105 SUMMIT ST. BOONVILLE, NY 13309	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN DYKE, EDWARD 204 THIEME PL UTICA, NY 13502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VAN DYKE, JANICE 204 THIEME PL UTICA, NY 13502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Robert C. Grems</u> <u>ROBERT C. GREMS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-15-04</u> <u>315 942-4848</u> <small>Date Daytime Phone If</small>