
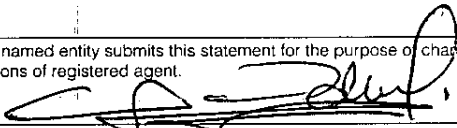
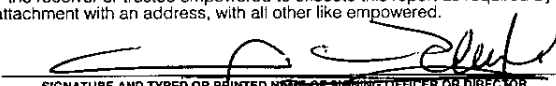


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90009 005 \*\*\*150.00

<b>DOCUMENT # P00000084252</b> 1. Entity Name <b>THE DREAM BAZAAR INC.</b>					
Principal Place of Business <b>5472 INTERNATIONAL DR. ORLANDO, FL 32819</b>			Mailing Address <b>432 WORTHINGTON DR WINTER PARK, FL 32789</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>1531 Berkshire Ave.</b>		Suite, Apt. #, etc. <b>1531 Berkshire Ave.</b>			
City & State <b>Winter Park, FL</b>		City & State <b>Winter Park, FL</b>			
Zip <b>32789</b>		Country <b>USA</b>		Zip <b>32789</b>	
		Country <b>USA</b>		4. FEI Number <b>59-3666237</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PANDOLFI, CLAUDIA 432 WORTHINGTON DR. ORLANDO, FL 32789</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>07/20/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST PANDOLFI, CLAUDIA 432 WORTHINGTON DR. ORLANDO, FL 32789</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST Pandolfi, Claudia 1531 Berkshire Ave. Winter Park, FL 32789</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>07/20/04</b> (321) 356-6461 <small>Date Daytime Phone #</small>		

**24078045**



Attached  
24068065

The Dream Bazaar, Inc.  
1531 Berrkshire Ave.  
Winter Park, FL 32789

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June 8, 2004

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

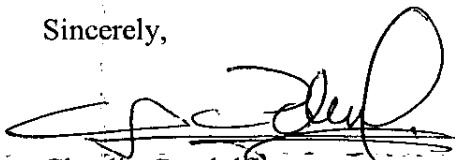
Subject: The Dream Bazaar, Inc.  
P00000084252

To Whom It May Concern:

I recently realized that we had not received the Uniform Business Report from the state for the year 2004 and have not paid the \$150.00 filling fee due on May 1<sup>st</sup> of every year.

My mailing address has changed since I incorporated and I no longer receive correspondence at 432 Worthington Dr. Winter Park, FL 32789 I had submitted a request to change the address, but apparently it did not go thru. I am submitting the annual report correcting my address. I am also submitting payment for \$150.00 annual fee and kindly request that the penalty be waived.

Sincerely,



Claudia Pandolfi  
President