## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

RIGNATURE AND

## May 10, 2006 8:00 am Secretary of State DOCUMENT # P00000098853 05-10-2006 90106 025 \*\*\*150.00 DREAMTEAM SOFTWARE, INC. Principal Place of Business Mailing Address 12508 STAGECOACH LN. 12508 STAGECOACH LN. BAYONET POINT, FL 34667 BAYONET POINT, FL 34667 2. Principal Place of Business 3. Mailing Address 3150 DELAND 3150 DELAND Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For 59-3700597 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAZSI, JEREMIAH J Street Address (P.O. Box Number is Not Acceptable) 12508 STAGECOACH LN BAYONET POINT, FL 34667 DELAND 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP Change TITLE ☐ Delete TITLE ■ Addition GAZSI, JEREMIAH NAME NAME DELAND ST 3150 STREET ADDRESS 12508 STAGECOACH LN STREET ADDRESS BAYONET POINT, FL 34667 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. TEN NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

**FILED**