

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90022 001 \*\*\*\*\*8.75

02-28-2007 90022 002 \*\*\*\*\*88.75

02-28-2007 90022 003 \*\*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                                                     |                                                                               |                                                                                                                                                                                                                                               |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>DOCUMENT # P00000112948</b><br>1. Entity Name<br><b>DREAMCHASER CHARTERS INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                                                                                     |                                                                               |                                                                                                                                                              |                                     |
| Principal Place of Business<br><b>201 WILLIAM ST<br/>KEY WEST, FL 33040</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                                                     | Mailing Address<br><b>100 GRINNELL STREET<br/>#102<br/>KEY WEST, FL 33040</b> |                                                                                                                                                                                                                                               |                                     |
| 2. Principal Place of Business - No P.O. Box #<br><b>3232 Stabile Street</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | 3. Mailing Address<br><b>3232 Stabile Street</b><br>Suite, Apt. #, etc.                                             |                                                                               |                                                                                                                                                                                                                                               |                                     |
| City & State<br><b>St. James City, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              | City & State<br><b>St. James City, FL</b>                                                                           |                                                                               | 4. FEI Number<br><b>32-0010382</b>                                                                                                                                                                                                            |                                     |
| Zip<br><b>33956</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | Country<br><b>USA</b>                                                                                               |                                                                               | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                    |                                     |
| 6. Name and Address of Current Registered Agent<br><br><b>LACHMAN, MATTHEW A<br/>201 WILLIAM ST.<br/>KEY WEST, FL 33040</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                                                     |                                                                               | 7. Name and Address of New Registered Agent<br>Name <b>W. Wade Wallace</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10221 West Emerald Coast Parkway, #26</b><br>City <b>Miramar Beach</b> <b>FL</b> Zip Code <b>32550</b> |                                     |
| 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.<br>SIGNATURE <u>W. Wade Wallace</u> DATE <u>2/9/07</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                            |                                                                                                              |                                                                                                                     |                                                                               |                                                                                                                                                                                                                                               |                                     |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                               |                                                                                                                                                                                                                                               |                                     |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                  |                                                                                                                                                                                                                                               |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br>LACHMAN, MATTHEW A<br>201 WILLIAM ST<br>KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete   |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                            | P<br>Kenneth Pollio<br>3232 Stabile Road<br>St. James City, FL 33956 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                             |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VP<br>PRZYWARA, NANCY JO<br>201 WILLIAM ST.<br>KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                            | S/T<br>Sandra Peculis<br>3232 Stabile Road<br>St. James City, FL 33956 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                           |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                             |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                             |                                     |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |                                                                                                              |                                                                                                                     |                                                                               |                                                                                                                                                                                                                                               |                                     |
| SIGNATURE: <u>Kenneth M. Pollio</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                                                     | Date <u>2/8/07</u>                                                            |                                                                                                                                                                                                                                               | Daytime Phone # <u>239 850 4777</u> |

# Attachment

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT  
66003227

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                            |                                                                                                                                                                                                                     |                                                                        |                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # P00000112948                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                            |                                                                                                                                                                                                                     |                                                                        |                                                                              |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                            |                                                                                                                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>LACHMAN, MATTHEW A<br>201 WILLIAM ST.<br>KEY WEST, FL 33040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                            | 7. Name and Address of New Registered Agent<br><br>Name: W. Wade Wallace<br>Street Address (P.O. Box Number is Not Acceptable): 10221 West Emerald Coast Parkway, #26<br><br>City: Miramar Beach FL Zip Code: 32550 |                                                                        |                                                                              |
| 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>W. Wade Wallace</u> <span style="float: right;">2/9/07</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                            |                                                                                                                                                                                                                     |                                                                        |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                      |                                                                        |                                                                              |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>PRZYWARA, NANCY JO<br>201 WILLIAM ST.<br>KEY WEST, FL 33040 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                    | S/T<br>Sandra Peculis<br>3232 Stabile Road<br>St. James City, FL 33956 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                    |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                    |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 File # 10 or File # 11 if cleared, or on an attachment with an address, with all other like empowered. |                                                                   |                                            |                                                                                                                                                                                                                     |                                                                        |                                                                              |
| SIGNATURE: <u>Kenneth Pollio</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                            | 2/8/07 239 850 4777                                                                                                                                                                                                 |                                                                        |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                            |                                                                                                                                                                                                                     |                                                                        |                                                                              |