2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 12, 2004 8:00 am DOCUMENT # P01000005259 **Secretary of State** 1. Entity Name 03-12-2004 90028 002 \*\*\*150.00 DREAM BAY ENTERPRISES INC. Principal Place of Business Mailing Address 1155 103RD ST., APT. 9A BAY HARBOR ISLAND FL 33154 1155 103RD ST., BAY HARBOR ISLAND FL 33154 3. Mailing Address 600 600 NE Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) 1021 /02 City & State City & State Applied For 4. FEI Number 65-1069300 $M'\Delta$ Not Applicable Country N \$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 SPRENG, SEBASTIAN Street Address (P.O. Box Number is Not Acceptable) 1155 103RD ST., APT. 9A **BAY HARBOR ISLAND FL 33154** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition SPRENG, SEBASTIAN NAME NAME STREET ADDRESS 1155 103RD ST., APT. 9A STREET ADDRESS CITY-ST-ZIP BAY HARBOR ISLAND FL 33154 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, DANIEL E NAME NAME STREET ADDRESS 1155 103RD ST 9-A STREET ADDRESS CITY-ST-ZIP BAY HARBOR FL 33154 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition THUE ☐ Delete TITLE 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-7IP 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 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: SIGNATURE AND TYPED ON PRINTED BY

SEDASIAN SERIES OF DIRECTOR

3/6/200

FILED

305-572/23