FILED
Jun 16, 2003 8:00 am
Secretary of State
06-16-2003 90150 017 ***155.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038507 (L)

1. Entity Name
MAKE YOUR LIFE'S DREAM A REALITY CORPORATION

Principal Place of Business	Mailing Address
12513 DAVIS BLVD. FORT MYERS, FL 33905 US	13474-1 STATE RD 80 PMB-195 FT MYERS, FL 33905

2. Principal Place of Business	3. Mailing Address
12513 Davis BlVD	13474-1 State Rd 80
Suite, Apt. #, etc.	Suite, Apt. #, etc. PmB-195
City & State: Ft Myers, Fl	City & State: Ft Myers Fl
Zip: 33905 Country: Lee	Zip: 33905 Country: Lee

[redacted]

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1094799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILEY, VIRGINIA L
12513 DAVIS BLVD
FORT MYERS, FL 33905

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL 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 ______ 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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. X $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P T	☐ Delete
NAME	MCGHEE, TREVER M MR	
STREET ADDRESS	13474-1 STATE ROAD 80	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	S	☐ Delete
NAME	WILEY, VIRGINIA L MRS	
STREET ADDRESS	12513 DAVIS BLVD	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

CR2E034 (10/02)

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: Virginia L. Wiley 6-12-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Had problems down loading this form by internet, This is the second time (year) in a row that we did not receive this Form. Can you please check the address on file

Thanks