

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046291

Entity Name: DREAM KEY DESIGNS, INC.

FILED  
Aug 03, 2005  
Secretary of State

## Current Principal Place of Business:

100 E TARPON AVENUE  
STE 11  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

230 N. PINELLAS AVENUE  
TARPON SPRINGS, FL 34689

## Current Mailing Address:

1204 N FLORIDA AVENUE  
TARPON SPRINGS, FL 34689

## New Mailing Address:

230 N. PINELLAS AVENUE  
TARPON SPRINGS, FL 34689

FEI Number: 59-3716554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ, LYNN D  
1204 N. FLORIDA AVE.  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: DIAZ, LYNN D  
Address: 1204 N. FLORIDA AVE.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P ( ) Delete  
Name: DIAZ, JUAN C  
Address: 1204 N. FLORIDA AVE.  
City-St-Zip: TARPON SPRINGS, FL 34689

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: DIAZ, LYNN D  
Address: 1204 N. FLORIDA AVE.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN D. DIAZ

VP

08/03/2005

Electronic Signature of Signing Officer or Director

Date