

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000046291

FILED
May 07, 2008
Secretary of State**Entity Name:** DREAM KEY DESIGNS, INC.**Current Principal Place of Business:**230 N. PINELLAS AVENUE
TARPON SPRINGS, FL 34689**New Principal Place of Business:**9 HIBISCUS STREET
SUITE # 16
TARPON SPRINGS, FL 34689**Current Mailing Address:**230 N. PINELLAS AVENUE
TARPON SPRINGS, FL 34689**New Mailing Address:**9 HIBISCUS STREET
SUITE # 16
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
230 N. PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US**Name and Address of New Registered Agent:**DIAZ, LYNN D
9 HIBISCUS STREET
SUITE # 16
TARPON SPRINGS, FL 34689 US

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:

05/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DIAZ, LYNN D
Address: 230 N. PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: P () Delete
Name: DIAZ, JUAN C
Address: 230 N. PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VPE () Delete
Name: MICHAEL P. O'BRIEN, P.E.
Address: 302 N. SPRING BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DIAZ, LYNN D
Address: 9 HIBISCUS STREET, SUITE # 16
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: P (X) Change () Addition
Name: DIAZ, JUAN C
Address: 9 HIBISCUS STREET, SUITE #16
City-St-Zip: TARPON SPRINGS, FL 34689 US

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

Title: VP () Change (X) Addition
Name: PAVLICK, RICHARD
Address: 1035 HARBOR LAKE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

05/07/2008

Electronic Signature of Signing Officer or Director

Date