


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90755 001 ***150.00
 05-02-2005 90755 002 *****8.75

DOCUMENT # P01000078190

1. Entity Name
DREAMS RETAIL CORPORATION



Principal Place of Business
**2 SOUTH UNIVERSITY DRIVE
 SUITE 325
 PLANTATION, FL 33324**

Mailing Address
**2 SOUTH UNIVERSITY DRIVE
 SUITE 325
 PLANTATION, FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.


Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04282005 Chg-P CR2E034 (10/03)

4. FEI Number
27-0002136

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANDS, ERIC
 2 SOUTH UNIVERSITY DRIVE
 SUITE 325
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
David M. Greene

Street Address (P.O. Box Number is Not Acceptable)
2 South University Dr. #325

City
Plantation FL Zip Code
33324

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 *David M. Greene* DATE **4-28-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JAWORSKI, MICHAEL	
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	CFST	<input checked="" type="checkbox"/> Delete
NAME	SANDS, ERIC	
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	TANNENBAUM, ROSS	
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATISTONE, SAM	
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ross Tannenbaum	
STREET ADDRESS	2 South University Dr. #325	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David M. Greene	
STREET ADDRESS	2 South University Dr. #325	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *David M. Greene* **DAVID M. GREENE** DATE **4-28-05** DAYTIME PHONE # **954-277-9002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #