

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000083126

**FILED**  
**May 18, 2004**  
**Secretary of State**

**Entity Name:** DREAM BUILDERS DESIGN, INC.

**Current Principal Place of Business:**

1212 FOREST CIRCLE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

3955 COVERLY COURT  
LONGWOOD, FL 32779

**Current Mailing Address:**

516 ONE CENTER BLVD.  
208  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

3955 COVERLY COURT  
LONGWOOD, FL 32779

**FEI Number:** 59-3740491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VIHLEN & SILLS, P.A.  
1173 SPRING CENTRE SOUTH BLVD, SUITE C  
ALTAMONTE SPRINGS, FL 32714 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: D ( ) Delete  
Name: CROFTON, MATTHEW T  
Address: 1212 FOREST CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: CROFTON, WILLIAM L  
Address: 1212 FOREST CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: MATTHEW CROFTON

D

05/18/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date