

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083126

Entity Name: DREAM BUILDERS DESIGN, INC.

FILED
Feb 05, 2005
Secretary of State

Current Principal Place of Business:

3955 COVERLY COURT
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

3955 COVERLY COURT
LONGWOOD, FL 32779

New Mailing Address:

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

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

Title: D () Delete
Name: CROFTON, MARK T
Address: 3955 COVERLY COURT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CROFTON, MATTHEW T
Address: 578 CALIBRE CREST PKWY #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change () Addition
Name: CROFTON, WILLIAM L
Address: 3955 COVERLY COURT
City-St-Zip: LONGWOOD, FL 32779

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

PRES

02/05/2005

Electronic Signature of Signing Officer or Director

_____ Date