


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90191 009 ***150.00

DOCUMENT # P02000010674 1. Entity Name S & S DREAMSCAPING CORP.					
Principal Place of Business 6831 RALEIGH ST HOLLYWOOD, FL 33024-2809			Mailing Address 6831 RALEIGH ST HOLLYWOOD, FL 33024-2809		
2. Principal Place of Business 8211 NW 19 STREET Suite, Apt. #, etc.		3. Mailing Address 8211 NW 19 STREET Suite, Apt. #, etc.			
City & State Pembroke Pines FL Zip 33024 Country US		City & State Pembroke Pines FL Zip 33024 Country US		4. FEI Number 43-1950486	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DIPUGLIA, ANN M 6831 RALEIGH ST HOLLYWOOD, FL 33024-2809			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8211 N.W. 19 STREET City Pembroke Pines FL Zip Code 33024		
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 <i>Ann M. Dipuglia</i> DATE 4-15-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DIPUGLIA, STEVEN M 6831 RALEIGH ST HOLLYWOOD, FL 330242809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8211 N.W. 19 STREET Pembroke Pines FL 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete DIPUGLIA, ANN M 6831 RALEIGH ST HOLLYWOOD, FL 330242809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8211 NW 19 STREET Pembroke Pines FL 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Ann M. Dipuglia</i> Ann M. Dipuglia-V.P. 4-15-05 904-392-6474 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04142005 Chg-P CR2E034 (10/03)