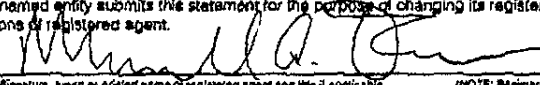
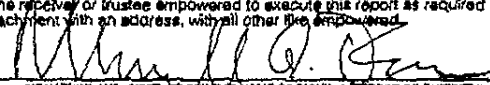


FILED
Apr 29, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000016615			
1. Entity Name CORVETTE DREAMS, INC.			
Principal Place of Business 1900 NW 33 CT #1 POMPANO BEACH, FL 33064		Mailing Address 1900 NW 33 CT #1 POMPANO BEACH, FL 33064	
DO NOT WRITE IN THIS SPACE			
		04212004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 01-0598355	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FANCHER, MARSHALL 1900 NW 33 CT #1 POMPANO BEACH, FL 33064		DO NOT WRITE IN THIS SPACE	
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 <u></u> 4-27-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.) DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST FANCHER, MARSHALL A 1900 NW 33 CT POMPANO BEACH, FL 33064		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, MARY ELLEN 1900 NW 33 CT POMPANO BEACH, FL 33064		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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)(f), 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: <u></u> 4-27-04 9549707994 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Certificate Phone #	