


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90278 013 \*\*\*150.00

<b>DOCUMENT # P02000027083</b> 1. Entity Name <b>DAYDREAM ENTERTAINMENT, INC.</b>			
Principal Place of Business <b>415 NW 78 ST MIAMI, FL 33150</b>		Mailing Address <b>415 NW 78 ST MIAMI, FL 33150</b>	
2. Principal Place of Business <b>6121 BLUEGRASS CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>6121 BLUEGRASS CIRCLE</b> Suite, Apt. #, etc.	
City & State <b>LAKE WORTH, FL</b> Zip Country <b>33463 USA</b>		City & State <b>LAKE WORTH, FL</b> Zip Country <b>33463 USA</b>	
4. FEI Number <b>04-3622782</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CLAIREROSE, JUSTIN 415 NW 78TH ST. MIAMI, FL 33150</b>		7. Name and Address of New Registered Agent Name <b>CLAIREROSE JUSTIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>6121 BLUEGRASS CIRCLE</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33463</b>	
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>CLAIREROSE JUSTIN</u> <u><i>CLAIREROSE JUSTIN</i></u> <u>04/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P VILAIN, NEIL 415 NW 78 ST MIAMI, FL 33150</b> <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	<b>VT CLAIREROSE, JUSTIN 415 NW 78TH ST. MIAMI, FL 33150</b> <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
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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: <u><i>CLAIREROSE JUSTIN</i></u> <u>CLAIREROSE JUSTIN</u> <u>04/27/04</u> <u>3056329421</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			