2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000062898 1. Entity Name DREAM BOATS, INCORPORATED								
Principal Place of Business 13412 BARLINGTON STREET SPRING HILL, FL 34609		Mailing Address 13412 BARLINGTON STREET SPRING HILL, FL 34609		06 JUN - 2 AM 8: 59 SEUNDARY DE STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 8434 Accola Ave 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			Arcola Ave	06012006	Chg-P	CR2E034 (11		
City & State	son FL	City & State Hud Son	FL	4. FEI Numbe 16-162			Applied For Not Applicable	
3460	6. Name and Address of Current R	34667	Country		of Status Desired	Fee Re	5 Additional equired	
13412 BAF	RALPH D PRES. RLINGTON ST. IILL, FL 34609	8	Street Address (P.O. Box Number is Not Acceptable) 8424 Arcola Ave					
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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10. IIILE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND D PSTD BROWN, RALPH D 13412 BARLINGTON STREET SPRING HILL, FL 34609	Delete	11. TITLE NAME SIREET ADDRESS CITY-ST-ZIP	ADDITIONS/	CHANGES TO OFF	ICERS AND DIREC		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D. MARKOPULOS, ZISIMOS 8809 EAGLE WATCH DR. RIVERVIEW, FL 33569	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D MILLER, LOGAN 8836 CESSNA DR. NEW PORT RICHEY, FL 34654	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		12/06010		ange □ Addition : 3 4 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BROWN, ANNE 13412 BARLINGTON ST. SPRING HILL, FL 34609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. 1	Chi	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. GUTFLEISH, LOUIS 10931 TRELAIN WAY HUDSON, FL 34667	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			M Schi	ange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ALFRED, HAGEN 6035 SEA RANCH DR. HUDSON, FL 34667	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chi	ange 🗌 Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I tunher 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 eath; 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.								