

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062898

FILED
Jan 04, 2007
Secretary of State

Entity Name: DREAM BOATS, INCORPORATED

Current Principal Place of Business:

8424 ARCOLA AVE.
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

8424 ARCOLA AVE.
HUDSON, FL 34667

New Mailing Address:

FEI Number: 16-1621193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, RALPH D PRES.
8424 ARCOLA AVE.
HUDSON, FL 34667 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: PSTD () Delete
Name: BROWN, RALPH D
Address: 13412 BARLINGTON STREET
City-St-Zip: SPRING HILL, FL 34609

Title: D. () Delete
Name: MARKOPULOS, ZISIMOS
Address: 8809 EAGLE WATCH DR.
City-St-Zip: RIVERVIEW, FL 33569 US

Title: D () Delete
Name: MILLER, LOGAN
Address: 8836 CESSNA DR.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D. () Delete
Name: BROWN, ANNE
Address: 13412 BARLINGTON ST.
City-St-Zip: SPRING HILL, FL 34609 US

Title: D. () Delete
Name: GUTFLEISH, LOUIS
Address: 10931 TRELAIN WAY
City-St-Zip: HUDSON, FL 34667 US

Title: D. () Delete
Name: ALFRED, HAGEN
Address: 6035 SEA RANCH DR.
City-St-Zip: HUDSON, FL 34667 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: RALPH D. BROWN

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date