

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90044 040 ***150.00

DOCUMENT# P02000085960 1. Entity Name DREAMCREATIONS, INC.																											
Principal Place of Business 2531 LANDMARK DRIVE SUITE 207 CLEARWATER, FL 33761		Mailing Address 2531 LANDMARK DRIVE SUITE 207 CLEARWATER, FL 33761 <i>new address</i>																									
2. Principal Place of Business 4530 Berisford Blvd		3. Mailing Address 4530 Berisford Blvd																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State PALM HARBOR, FL		City & State PALM HARBOR, FL																									
Zip 34685		Zip FL 34685																									
4. FEI Number 75-3076030		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03132004 Chg-P CR2E034(10/03)																									
6. Name and Address of Current Registered Agent MANCARI, FRANK 2531 LANDMARK DRIVE SUITE 207 CLEARWATER, FL 33761 <i>new address -></i>		7. Name and Address of New Registered Agent Name FRANK MANCARI, JR. Street Address (P.O. Box Number is Not Acceptable) 4530 Berisford Blvd City PALM HARBOR FL Zip Code 34685																									
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 obligation of the registered agent. SIGNATURE: FRANK MANCARI, JR. PRESIDENT DATE: 4-12-04 Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent's signature is required when installing)																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 50%; padding: 2px;"> PS MANCARI, FRANK 2531 LANDMARK DRIVE, SUITE 207 CLEARWATER, FL 33761 <i>new address</i> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> VT MANCARI, CARRIE 2531 LANDMARK DRIVE, SUITE 207 CLEARWATER, FL 33761 <i>new address</i> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MANCARI, FRANK 2531 LANDMARK DRIVE, SUITE 207 CLEARWATER, FL 33761 <i>new address</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MANCARI, CARRIE 2531 LANDMARK DRIVE, SUITE 207 CLEARWATER, FL 33761 <i>new address</i>	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	 	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 50%; padding: 2px;"> 4530 BERISFORD BLVD PALM HARBOR, FL 34685 ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> 4530 BERISFORD BLVD. PALM HARBOR, FL 34685 ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	4530 BERISFORD BLVD PALM HARBOR, FL 34685 ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4530 BERISFORD BLVD. PALM HARBOR, FL 34685 ☐ Change ☐ Addition	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MANCARI, FRANK 2531 LANDMARK DRIVE, SUITE 207 CLEARWATER, FL 33761 <i>new address</i>																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MANCARI, CARRIE 2531 LANDMARK DRIVE, SUITE 207 CLEARWATER, FL 33761 <i>new address</i>																										
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	 																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4530 BERISFORD BLVD PALM HARBOR, FL 34685 ☐ Change ☐ Addition																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4530 BERISFORD BLVD. PALM HARBOR, FL 34685 ☐ Change ☐ Addition																										
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)(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: FRANK MANCARI, JR. PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/12/04 Daytime Phone #: 727-385-4122																									

14003262

