

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106878

Entity Name: C. DREAM MANAGEMENT, INC.

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

17105 GULF BOULEVARD
NORTH REDINGTON BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

17105 GULF BOULEVARD
NORTH REDINGTON BEACH, FL 33708

New Mailing Address:

FEI Number: 03-0484920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIMROTH, ELIZABETH S
17105 GULF BOULEVARD
NORTH REDINGTON BEACH, FL 33708 US

Name and Address of New Registered Agent:

LIMROTH, ELIZABETH S
17105 GULF BOULEVARD, OFFICE
NORTH REDINGTON BEACH, FL 33708 US

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: ELIZABETH S LIMROTH

01/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FAIRFIELD, DOLORES J
Address: 7974 SAILBOAT KEY BLVD., UNIT 705
City-St-Zip: S. PASADENA, FL 33707

Title: D () Delete
Name: LIMROTH, ELIZABETH S
Address: 8087 140TH STREET N.
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: MASCALI, CHARLES R
Address: 497 LOST DISTRICT DRIVE
City-St-Zip: NEW CANAAN, CT 06840

Title: D () Delete
Name: MASCALI, RICHARD
Address: 97 STONEWALL CIRCLE
City-St-Zip: W. HARRISON, NY 10604

Title: D () Delete
Name: SOUTHWORTH, A.M.
Address: P.O. BOX 3256
City-St-Zip: SEMINOLE, FL 33775

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MASCALI, CHARLES R
Address: 28 OLD BRIDGE ROAD
City-St-Zip: BROOKFIELD, CT 06804

Title: D (X) Change () Addition
Name: MASCALI, RICHARD
Address: 28620 ALTESSA WAY #102
City-St-Zip: BONITA SPRINGS, FL 34135

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: ELIZABETH S LIMROTH

D

01/09/2006

Electronic Signature of Signing Officer or Director

Date