2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003
Secretary of State

DOCUMENT# P02000112772

Entity Name: FOUR DREAMS, INC.

Current Principal Place of Business:

292 SOUTH COUNTY ROAD
SUITE 109
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

292 SOUTH COUNTY ROAD
SUITE 109
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMPADARUTH, AMAL
292 SOUTH COUNTY ROAD
SUITE 109
PALM BEACH, FL 33480

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: PCEO ( ) Delete
Name: D'HAUTEFEUILLE, WULFRAN B
Address: 28 PLACE MARCADIEU
City-St-Zip: 65000 TARBES FRANCE,

Title: D ( ) Delete
Name: D'HAUTEFEUILLE, WULFRAN B
Address: 28 PLACE MARCADIEU
City-St-Zip: 65000 TARBES FRANCE,

Title: D ( ) Delete
Name: D'HAUTEFEUILLE, BEATRICE W
Address: 3 CHEMIN DES ARRIOUS
City-St-Zip: 65500 PUJO FRANCE,

Title: D ( ) Delete
Name: RAMPADARUTH, AMAL
Address: 292 SOUTH COUNTY ROAD, SUITE 109
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: DE LENCLOS, ALAIN
Address: 5, RUE EMILE FAVRE 74300 CLUSES,
City-St-Zip: HAUTE SAVOIE FRANCE,

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
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 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 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: RAMPADARUTH AMAL D 04/11/2003

Electronic Signature of Signing Officer or Director — Date