2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P02000117794

Entity Name: DREAMS OF WELLNESS, INC.

Current Principal Place of Business:

507 SAN SEBASTIAN PRADO
ALTAMONTES SPRINGS, FL 32714

New Principal Place of Business:

2907 EVANS WAY
KISSIMMEE, FL 34758

Current Mailing Address:

507 SAN SEBASTIAN PRADO
ALTAMONTES SPRINGS, FL 32714

New Mailing Address:

2907 EVANS WAY
KISSIMMEE, FL 34758

FEI Number: 55-0804382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCRUM, DON P
507 SAN SEBASTIAN PRADO
ALTAMONTES SPRINGS, FL 32714 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: P ( ) Delete
Name: LEWIS, DAWN MARIE
Address: 4029 TOWHSHIP SQUARE BLVD APT 2821
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEWIS, DAWN MARIE
Address: 2907 EVANS WAY
City-St-Zip: KISSIMMEE, FL 34758

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: DAWN LEWIS PRES 04/25/2005
Electronic Signature of Signing Officer or Director Date