


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000002054	
1. Entity Name DREAM BUSINESS GROUP, INC.	

Principal Place of Business 2118 E CONCORD ST ORLANDO, FL 32803	Mailing Address 2118 E CONCORD ST ORLANDO, FL 32803
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2. Principal Place of Business - No P.O. Box # 424 E Central Blvd Suite, Apt. #, etc. #246	3. Mailing Address 424 E Central Blvd Suite, Apt. #, etc. #246
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City & State Orlando, FL	City & State Orlando FL
Zip 32801	Zip 32801
Country USA	Country USA

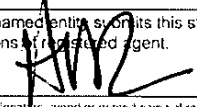
02012007 REIN-P CR2E098 (1/07)

4. FEI Number 52-2416177	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  DUEEASE, HEATHER ANN 2118 E CONCORD ST ORLANDO, FL 32803
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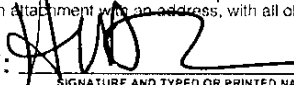
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity signs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 2/1/07
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FILE NOW!!! FEE IS \$300.00 	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANN DUEEASE, HEATHER 2118 E CONCORD ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 424 E Central Blvd #246 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200088982622 02/22/07--01001--020 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 2-1-07 321-296-3870	
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FILED

07 FEB 12 PM 3:29

CLERK OF STATE  
TALLAHASSEE, FLORIDA



2/2/14

February 1, 2007


Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dream Business Group, INC  
P03000002054

To whom it may concern:

I did not receive my annual report notice, therefore I am a demand to have the late fee waived.

Thank you,

  
Heather Dueease  
424 E Central Blvd #246  
Orlando, FL 32801