


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000011799 1. Entity Name AMERICAN DREAM FINANCIAL CORP.	
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FILED  
07 DEC 14 AM 11:00  
TALLAHASSEE, FLORIDA



12042007 Chg-P CR2E034 (12/06)

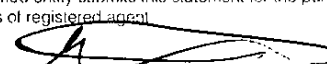
Principal Place of Business 1580 W CLEVELAND ST TAMPA, FL 33606		Mailing Address 1580 W CLEVELAND ST TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box # 1580 W. Cleveland St Suite, Apt. #, etc.		3. Mailing Address 1580 W. Cleveland St Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33606	Country USA	Zip 33606	Country USA

4. FEI Number 06-1675909	Applied For 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 ERIKSEN, GREGORY R 4802 LONDONDERRY TAMPA, FL 33647	7. Name and Address of New Registered Agent Name: Greg ERIKSEN Street Address (P.O. Box Number is Not Acceptable) 4802 Londonderry St City: Tampa FL Zip Code: 33647
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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 obligations of registered agent.

SIGNATURE:  DATE: 12/1/07

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P ERIKSEN, GREGORY R 4802 LONDONDERRY TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P ERIKSEN, SCOT M 10428 LUCAYA DR. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P BERTUCCI, CLINTON E 4907 BAYSHORE BLVD. #117 TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  12/1/07 8:3841-6255