## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT						
DOCUMENT # P03000011799				FILED		
1. Entity Name				<u>,                                    </u>		
AMERICAN DREAM FINANCIAL CORP.				07 051	214 AHII: 00	
				0100	HASSEE, FLORIDA	
Principal Place	e of Business	Mailing Address		- LUN	·····································	
1580 W CLE		1580 W CLEVELAND ST		ial.L.	HUPPER, Les	
TAMPA, FL 3	33606	TAMPA, FL 33606				
					######################################	
	lace of Business - No P.O. Box #	3. Mailing Address				
1540 W. Clerkland 77 1590 W. Clerkla, Suite, Apt. #, etc. Suite, Apt. #, etc.			eland5t	_		
Suite, Apr. #, etc.				12042007 Chg-P	CR2E034 (12/06)	
City & State Tanka, FI Tanka, FI			4. FEI Number 06-1675909	Applied For Not Applicable		
Zip	. Country	-Zip -53606	Country A	5. Certificate of Status De	sired \$8.75 Additional	
3360			<u> </u>		Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 3req = +1, K-2r					THE HEGISTERS AGEIL	
ERIKSEN, GREGORY R						
4802 LONDONDERRY TAMPA, FL 33647			4502 2	Street Address (P.O. Box Number is Not Acceptable)		
				•		
			City_Tan	Pa	FL Zig Code	
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,					te of Florida. I am familiar with, and accept	
the obligations of registered agent						
SIGNATURE Signature, typed or effect name of cognition dispose and steen approached (NOT): the option of Agent supported which consistation).  DATE						
9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution.   Added to Fees						
10.	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 11  Change Addition	
NAMÉ	ERIKSEN, GREGORY R	LT Delete	NAME	1	Change Addition	
STREET ADDRESS	4802 LONDONDERRY		STREET ADDRESS	m. $I$		
CITY ST ZIP	TAMPA, FL 33647		CRY SEZIP	1112/18		
TITLE NAME	P ERIKSEN, SCOT M	☐ Detete	NAME Y		Change  Addition	
STREET ADDRESS	10428 LUCAYA DR.		STREET ADDRESS			
CITY ST ZIP	TAMPA, FL 33647		CHY-ST ZIP			
HILE	P	1 borbie	HILE	area a la central de	Change Addition	
NAME STREET AUDRESS	BERTUCCI, CLINTON E 4907 BAYSHORE BLVD. #117		NAME STREET ADDRESS	[ [ [ ] ] ] ] ] ] [ ] [ ] [ ] [ ] [ ] [	13354922 -01004013 **61.25	
CHY-SI ZIP	TAMPA, FL 33611		CHY ST ZIP	167647017	-D1004012 **01.C2	
TITLE		☐ Delete	MILE		Change Addition	
NAME.			NAME. STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY ST ZIP		1	
HILE		☐ Delete	TIFLE	• • • • • • • • • • • • • • • • • • • •	☐ Change ☐ Addition	
NAME			NAME		1	
STREET ADDRESS CITY ST ZIP			STREET ADDRESS  CITY ST ZIP			
SHE 21 THE		Defete	IIILE		☐ Change ☐ Addition \	
NAME		L.J. L/CICIE	NAME		o.a.goadmor	
STREET ADDRESS			STREET ADDRESS			
CHY ST ZIP	į.		CITY ST ZIP		İ	

12. Thereby 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:

2/1/07 9.3-841-6