

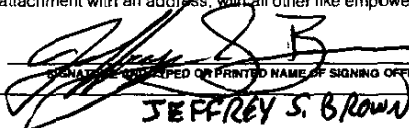


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90749 045 ***150.00

DOCUMENT # P03000015759					
1. Entity Name DOG DREAMS AND CAT NAPS, INC.					
Principal Place of Business 1235 NW 39TH AVENUE, #1 GAINESVILLE, FL 32609			Mailing Address 1235 NW 39TH AVENUE, #1 GAINESVILLE, FL 32609		
2. Principal Place of Business 6879 NE 21 st PI Suite, Apt. #, etc.		3. Mailing Address 6879 NE 21 st PI Suite, Apt. #, etc.			
City & State High Springs, FL		City & State High Springs, FL			
Zip 32643		Country USA		03292004 Chg-P CR2E034 (10/03)	
4. FEI Number 57-1145773		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAHLBER, DANA 1235 NW 39TH AVENUE, #1 GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent Name: STAHLHEBER, DANA Street Address (P.O. Box Number is Not Acceptable): 6879 NE 21 st PI City: High Springs FL Zip Code: 32643		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BROWN, JEFFREY 1235 NW 39TH AVENUE, #1 GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BROWN, JEFFREY 6879 NE 21 st PI High Springs, FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STAHLHEBER, DANA 1235 NW 39TH AVENUE, #1 GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STAHLHEBER, DANA 6879 NE 21 st PI High Springs, FL 32643	<input checked="" 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
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 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 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: 		JEFFREY S. BROWN		Date: 3/31/04 Daytime Phone #: (386) 454-1559	