2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with ap address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2

May 03, 2004 8:00 am Secretary of State **DOCUMENT # P03000021869** DREAM ON PROPERTIES, INC. 05-03-2004 90744 013 ***158.75 Principal Place of Business Mailing Address 215 CELEBRATION PL SUITE 500 215 CELEBRATION PL SUITE 500 CELEBRATION, FL 34747 CELEBRATION, FL 34747 3. Mailing Address PO BOX 2. Principal Place of Business 470923 453 Eagle Suite, Apt. #, etc. Suite, Apt. #, etc. 03312004 CR2E034 (10/03) Cha-P Applied For City & State K1551Mmee 4. FEI Number City & State FL elebration 80-0056567 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA ÚSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OBENAUER LEANDRO OBENAUER, LEANDRO J Street Address (P.O. Box Number is Not Acceptable) 245 CELEBRATION PL SUITE 500 CELEBRATION, FL 34747 Zip Code 34747 CityCe lebration 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 LEANDRO OBENAUER PRESIDENT 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPVP ☐ Delete TITLE K Change □ Addition OBENAUER, LEANDRO J. 411 ARBOR CIRCLE OBENAUER, LEANDRO J ST NAME NAME STREET ADDRESS 215 CELEBRATION PL SUITE 500 STREET ADDRESS CELEBRATION, FL 34747 CITY-ST-7IP CELEBRATION, FL 34747 CITY-ST-7IP S Change TITLE Delete TITLE ☐ Addition NAME CASTELLANO, ARDENAGO NAME CASTELLAND, ARDENAGO 939 CAMBRIDGE COURT 215 CELEBRATION PL SUITE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CELEBRATION, FL 34747 CITY-ST-ZIP KISSIMMEE 34758 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Delete TITLE ☐ Channe ☐ Addition TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

LEANDRO OBENAUER

FILED