2005 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL REPORT								May 02, 2005 8:00 am				
DOCUMENT # P03000029115								Secretary of State					
1. Entity Name VISIONS & DREAMS, INC.								^	05-02-2005 9	•			
VISICINS	& DILLA	IVIO, IIVO.						03-02-2003	70137 013	150.00	,		
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Principal Place		S	Mailing Address 127 HWY 98 E STE 6A										
					DESTIN, FL 32541								
))	DIN OSMO (ISIO IO			
2. Principal Place of Business Dayon Dr. 3, Mailing Address 142 Indian Bayon Dr. Po Box 67													
Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.				04252005	Chg-P	CR2E0	34 (10/03)			
Sy & State	ነካ	FL		Destin FL				4. FEI Numb 06-168				plied For of Applicable	
3254]	Country	IJSA	32540-0067	Соип	try US	A	5. Certificate	e of Status Desired		\$8.75 Add		
2021	6. Name	and Address	of Current R	egistered Agent			1	7. Name an	d Address of New				
CARHANA	МСНАЕ	=1				Name	(aa	ldress c	hange only	-not ne	ime ch	anae)	
CARUANA, MICHAEL 127 HWY 98 EAST, STE 6A						Street Address (B.O. Ban Number in Vol. Acceptable)							
DESTIN, FL 32541						1 15	<u>^</u>	-10000	Polybu	<u> </u>			
						City	Da	stin		FL	Zip Cod	٣/١١	
8. The above named entity submits this statement for the purpose of changing its registered office or register.									oth, in the State of I		」 うる familiar with,	and accept	
the obligations of registered agent.													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE													
		FEE IS \$ ⁴ 5 Fee will	150.00 be \$550.0	9. Election Campa Trust Fund Con	-	ncing		.00 May Be ed to Fees					
10.		OF	ICERS AND D	IRECTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME	PTD CARUAN	IA, MICHAEI		☐ Delete TITLE				.		_	Change	Addition Addition	
STREET ADDRESS	127 HWY	98 E STE 6			STRE	ET ADORESS	142	. India	n Bayou	Dr.			
CITY-ST-ZIP	DESTIN, VSD	FL 32541				-ST-ZIP	Ves	3774, F	L 3254	1	ST Chann	- Addition	
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name Street address					NAM	E Et address							
CITY-ST-ZIP						-ST-ZIP							
TITLE			=	☐ Delete	TITL						☐ Change	Addition	
NAME STREET ADDRESS					NAM STRE	ie Eet address							
CITY-ST-ZIP			_			-ST-ZIP						~~	
12. I hereby of indicated of the cor	certify that th I on this repo rporation or t	ne information ort or supplem the receiv <u>er o</u> r	supplied with t ental report is t trustee simpoy	his filing does not qualify to true and accurate and that wered to execute this repor to all other like empowered	or the exe my signa t as requi	mption sta ture shall h red by Cha	ted in Se lave the apter 607	ection 119.07(3 same legal effe 7, Florida Statu)(i), Florida Statute: ect as if made unde tes; and that my na	s. I further cer er oath; that I i ime appears i	tify that the i am an officer in Block 10 o	nformation or director r Block 11 if	
changed,	, or on an at	tachment with	'arragajess já	to all other like empowered	J	-							

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE: _

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