2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029874

Entity Name: DREAM MANAGEMENT INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

121 32ND AVE N 5105 WEST CYPRESS STREET

ST PETERSBURG, FL 33704 US TAMPA, FL 33607 US

Current Mailing Address: New Mailing Address:

121 32ND AVE N 5105 WEST CYPRESS STREET ST PETERSBURG, FL 33704 US TAMPA, FL 33607 US

FEI Number: 20-0010437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, SHIRLEY M
121 32ND AVE N
SMITH, SHIRLEY M
11850 M L KING STREET NO. #14104

121 32ND AVE N 11850 M L KING STREET NO. #14104 SAINT PETERSBURG, FL 33704 US SAINT PETERSBURG, FL 33716 US

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.

SIGNATURE: SHIRLEY M. SMITH 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete

Name: SMITH, DELAVAN H Address: 121 32ND AVE N

City-St-Zip: ST PETERSBURG, FL 33704 US

Title: S&T () Delete Name: SMITH, SHIRLEY M

Address: 121 32ND AVE N
City-St-Zip: ST PETERSBURG, FL 33704 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: SMITH, DELAVAN H PRES

Address: 121 32ND AVE N

City-St-Zip: ST PETERSBURG, FL 33704 US

Name: SMITH, SHIRLEY M TREAS

Address: 11850 M L KING STREET NO. #14104 City-St-Zip: ST PETERSBURG, FL 33716 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY M. SMITH TREA 04/26/2007