


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90069 011 \*\*\*158.75

**DOCUMENT # P03000030183**

1. Entity Name  
**AMERICAN DREAM LENDING, INC.**



Principal Place of Business      Mailing Address

**9680 UNIVERSAL BLVD.  
 SUITE 110  
 ORLANDO, FL 32810**

**9680 UNIVERSAL BLVD.  
 SUITE 110  
 ORLANDO, FL 32810**

**14004140**



2. Principal Place of Business      3. Mailing Address

**5029 EDGEWATER DR**      **8026 RURAL RETREAT CT.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04142004      Chg-P      CR2E034 (10/03)

City & State      City & State

**ORLANDO FL**      **ORLANDO, FL**

Zip      Country      Zip      Country

**32819 USA**      **32819 USA**

4. FEI Number      Applied For

**06 1682554**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOEHNS, STEPHEN W  
 9850 PINEOLA DRIVE  
 ORLANDO, FL 32836**

7. Name and Address of New Registered Agent

Name **GARY LINDSAY**

Street Address (P.O. Box Number is Not Acceptable)  
**8026 RURAL RETREAT CT**

City **ORLANDO**      FL      Zip Code **32819**

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 *Gary Lindsay*      **GARY LINDSAY**      **4/14/04**

Signature, typed or printed name of registered agent and title if applicable. (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.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSAY, GARY	
STREET ADDRESS	8026 RURAL RETREAT COURT	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOEHNS, STEPHEN W	
STREET ADDRESS	9850 PINEOLA DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: *Gary Lindsay*      **GARY LINDSAY Pres.**      **4/14/04**      **(407) 810-8307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #