
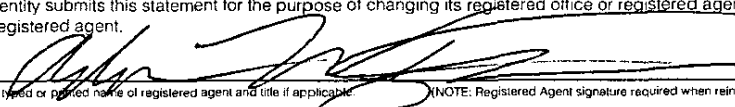
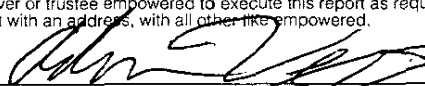


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90033 001 ***150.00

DOCUMENT # P03000051254			
1. Entity Name DREAM THE BIG DREAM INC.			
Principal Place of Business 9727 TOUCHTON RD. APT. 519 JACKSONVILLE, FL 32246 US		Mailing Address 9727 TOUCHTON RD. APT. 519 JACKSONVILLE, FL 32246 US	
2. Principal Place of Business 5000 San Jose Blvd Suite, Apt. #, etc. APT. 247 City & State Jacksonville FL Zip 32207 Country US		3. Mailing Address 5000 San Jose Blvd. Suite, Apt. #, etc. APT. 247 City & State Jacksonville, FL Zip 32207 Country US	
4. FEI Number 01262004 Chg-P		CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WETZEL, ADAM 9727 TOUCHTON RD. APT. 519 JACKSONVILLE, FL 32246		7. Name and Address of New Registered Agent Name Adam Wetzel Street Address (P.O. Box Number is Not Acceptable) 5000 SAN JOSE BLVD. APT. 247 City Jacksonville FL Zip Code 32207	
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:  DATE: 1-26-04 (NOTE: Registered Agent signature required when reinstating)			
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	PRES WETZEL, ADAM 9727 TOUCHTON RD. APT 519 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Adam Wetzel 5000 San Jose Blvd. Apt. 247 Jacksonville, FL 32207 <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
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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: 		Date: 1-26-04 (904) 472-7319	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

34011000

