2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# P03000054192

Entity Name: FLORIDA DREAM HOME REALTY INC.

Current Principal Place of Business:

14580 GLEN COVE DR.
SUITE 503
FORT MYERS, FL 332919

New Principal Place of Business:

7050 WINKLER ROAD
SUITE 119
FORT MYERS, FL 33919

Current Mailing Address:

14580 GLEN COVE DR.
SUITE 503
FORT MYERS, FL 33919

New Mailing Address:

7050 WINKLER ROAD
SUITE 119
FORT MYERS, FL 33919

FEI Number: 20-0567226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CADY, MARIAM J
14580 GLEN COVE DR.
SUITE 503
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

CADY, MIRIAM J
14580 GLEN COVE DR.
SUITE 503
FORT MYERS, FL 33919 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: MIRIAM J CADY 01/16/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CADY, MARIAM J
Address: 14580 GLEN COVE DR., SUITE 503
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: CADY, MARIAM J
Address: 14580 GLEN COVE DR., SUITE 503
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ALLEN, BEVERLY J
Address: 11066 MATLACHA AVE
City-St-Zip: MATLACHA, FL 33993

Title: P (X) Change ( ) Addition
Name: LIBRETTI, JOHN L
Address: 14580 GLEN COVE DR., SUITE 503
City-St-Zip: FORT MYERS, FL 33919

Title: T ( ) Change (X) Addition
Name: LIBRETTI, JOHN L
Address: 14580 GLEN COVE DR SUITE 503
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN L LIBRETTI P 01/16/2004
Electronic Signature of Signing Officer or Director Date