## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000054427

Entity Name: KMON DREAMS, INC

FILED Jan 13, 2005 Secretary of State

•		<b>,</b>				
Current Principal Place of Business:				New Principal Place of Business:		
2245 CHIANTI PLACE APT-724 PALM HARBOR, FL 346837732 US				SUITE 18	ZNER BLVD. ON, FL 33432	US
Current Mailing Address:				New Mailing Address:		
2245 CHIANTI PLACE APT-724 PALM HARBOR, FL 346837732 US				171 S.E. MIZNER BLVD. SUITE 18 BOCA RATON, FL 33432 US		
FEI Number: 8	81-0616945	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( ) C	ertificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
UPTON, KEVIN M 2245 CHIANTI PLACE APT-724 PALM HARBOR, FL 346837732 US The above named entity submits this statement for the purpose o				UPTON, KEVIN M 171 S.E. MIZNER BLVD. SUITE 18 BOCA RATON, FL 33432 US f changing its registered office or registered agent, or both,		
in the State of Florida.						
SIGNATURE: KEVIN M. UPTON				01/13/2005		
Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	UPTON, KEVIN M 2245 CHIANTI PL			Title: Name: Address: City-St-Zip:	( ) CI	nange()Addition
Title: Name: Address: City-St-Zip:	UPTON, BRIAN F 1111 S OCEAN E			Title: Name: Address: City-St-Zip:	( ) CI	nange ( ) Addition
Title: Name: Address: City-St-Zip:	UPTON, ARTHUR 600 S OCEAN BL			Title: Name: Address: City-St-Zip:	( ) CI	nange ( ) Addition
Title: Name: Address: City-St-Zip:	()[	Delete		Title: Name: Address: City-St-Zip:	DV () CH MARGADONNA, P. 171 S. E. MIZNER BOCA RATON, FL	BLVD. 18
Title: Name: Address: City-St-Zip:	()[	Delete		Title: Name: Address: City-St-Zip:	DV () CH SYBIL, SHANE A 1111 SOUTH OCE BOCA RATON, FL	

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: KEVIN UPTON DP 01/13/2005