


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90050 033 \*\*\*150.00

DOCUMENT # <b>P03000054427</b>	
1. Entity Name <b>KMON DREAMS, INC.</b>	

Principal Place of Business <b>BOCA BREAKFAST CLUB SUITE 18 BOCA RATON FL 33432 US</b>	Mailing Address <b>171 S.E. MIZNER BLVD. SUITE 18 BOCA RATON FL 33432</b>
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2. Principal Place of Business - No P.O. Box # <b>Boca Breakfast Club</b>	3. Mailing Address <b>171 S.E. Mizner Blvd.</b>
Suite, Apt. #, etc. <b>Suite 18</b>	Suite, Apt. #, etc. <b>Suite 18</b>

1st MOORE CR2E034 (10/06)

City & State <b>Boca Raton FL</b>	City & State <b>Boca Raton FL</b>	4. FEI Number <b>81-0616945</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33432</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MARGADONNA, PAUL D 171 S.E. MIZNER BLVD. SUITE 18 BOCA RATON FL 33432</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	DV MARGADONNA, PAUL 171 S. E. MIZNER BLVD. 18 BOCA RATON FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Paul D Margadonna  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07 561-856-0161  
 Date Daytime Phone #