## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| DOCUMENT # P03000063377   |   |   |                                       | FILED   |  |
|---|---|---|---------------------------------------|---|--|
| DREAM AMERICA INVESTMENTS INC   |   |   |                                       |   |  |
|   |   |   |                                       | 04 JUL 16 AM 8: 05  |  |
| •   | e of Business<br>NES BOULEVARD  | Mailing Address                             |                                       | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                                      |  |
|   | PINES, FL 33024 US  | 9716 W PINES BOULEV<br>PEMBROKE PINES, FL 3 |                                       | MELAHASSEL, FLORIDA   |  |
|   |   |   | ·                                     | I I BERNARI UL BURGE UNI SONI BURG BURG DINE DURA DIRECTION (DAN 1881 AND 1881) |  |
| 2. Principal P  | Place of Business   | 3. Mailing Address                          |                                       |   |  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                         |                                       | 07122004 Chg-P CR2E034 (10/03)  |  |
| City & State  | e   | City & State                                | · · · · · · · · · · · · · · · · · · · | 4. FEI Number Applied For 71-0949940 Not Applicable                             |  |
| Zip   | Country   | Zip   | Country                               | 5. Certificate of Status Desired  |  |
|   | 6. Name and Address of Current  | Registered Agent                            |                                       | 7. Name and Address of New Registered Agent                                     |  |
|   | , LENFORD S   |   | Name                                  |   |  |
|   | PINES BOULEVARD<br>KE PINES, FL 33024   |   | Street Add                            | dress (P.O. Box Number is Not Acceptable)                                       |  |
| :   | 9   |   |                                       |   |  |
|   |   |   | City                                  | FL Zip Code   |  |
| 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. It am familiar with, and accept the obligations of registered agent.  |   |   |                                       |   |  |
| SIGNATURE   |   |   |                                       |   |  |
|   |   |   |                                       |   |  |
| Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees  |   |   |                                       |   |  |
| 10.   | OFFICERS AND  |   | 11.                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                               |  |
| TITLE<br>NAME   | WILLIAMS, LENFORD S   | ☐ Delete                                    | TITLE<br>NAME                         | PRESIDENT MChange Addition WILLIAMS, LENFORD S                                  |  |
| STREET ADDRESS<br>CITY - ST - ZIP   | 9716 W PINES BOULEVARD<br>PEMBROKE PINES, FL-33024                                      |   | STREET ADDRESS                        | 9716 PMGS Boulsvord Pembroke Place FL 33024                                     |  |
| TITLE   | PS  | ☐ Delete                                    | TITLE                                 | SECRETARY MChange Addition  |  |
| NAME<br>Street address  | EDWARDS, THERESA R<br>9716 W PINES BOULEVARD  |   | NAME<br>STREET ADORESS                | Edwalds, Theresa R<br>9716 Pines Boukyald                                       |  |
| CITY-ST-ZIP   | PEMBROKE PINES, FL 33024  |   |                                       | Pembroky Pinks FL 33024   |  |
| TITLE<br>NAME   |   | ☐ Delele                                    | TITLE<br>NAME                         | 07/26/0401058005 <b>₩₽₽</b> ₽₽ 25□ Addition                                     |  |
| STREET ADDRESS  |   |   | STREET ADDRESS                        |   |  |
| CITY-ST-ZIP<br>TITLE  | g<br>G  | ☐ Delete                                    | CITY-ST-ZIP                           | f · image   |  |
| NAME  | ?   | Li Dout                                     | NAME :                                | n W 3450.796  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |   | STREET ADDRESS<br>CITY-ST-ZIP         | On 25/0401058-4005 **61.25  |  |
| TITLE   | 1   | ☐ Delete                                    | TITLE                                 | ☐ Change ☐ Addition   |  |
| NAME<br>STREET ADDRESS  |   | .!  | NAME<br>STREET ADDRESS                | ÷   |  |
| CITY-ST-ZIP   | Į   | <del></del>                                 | CITY-ST-ZIP                           |   |  |
| NAME  |   | ☐ Delete                                    | .TITLE<br>NAME                        | . Change Addition   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 5<br>9  | ļ   | STREET ADDRESS<br>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 of supplemental report is true and according signature shall have she same legal effect as it made dribbit 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: LEWFORD TVILLIAMS 7/08/04 954 447 4044   |   |   |                                       |   |  |
| JIGHA   | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Dayline Proce 4 |   |                                       |   |  |

Amended