2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 02, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P0300067178 1. Entity Name LUCID DREAMS ENTERTAINMENT, INC.								05-02-2005 90437 028 ***150.00				
Principal Place of Business 2161 LAKE DEBORAH DRIVE #1721 ORLANDO, FL 32835				Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744				40074923				
				3. Mailing Address Cr. Suite, Apt. #, etc.			04202005 Chg-P CR2E034 (10/03)					
City & State				City & State				4. FEI Numb	er		Ар	plied For
Winter Garden, FL Zip Country 34787 US				Zip	try		86-107 5. Certificate	of Status Desired		\$8.75 Add		
34/0/	6. Name	and Address of Curre	tered Agent				7. Name and Address of New Registered Agent					
BAUMRUK, ANDY J CPA 717 E OAK STREET KISSIMMEE, FL 34744						Name Christopher S. Nigosanti-Davis Street Address (P.O. Box Number is Not Acceptable) 13233 Daniels Landing Circle						
						City Winter Garden FL Zip Code 34787						
8. The above the obligation SIGNATURE	ions of region	y submits this statement deed agent. or printed name of registered ag	_		···	ed office or i	register			orida. I am		
FILE NOWIII- FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.						ncing	\$5. Add	00 May Be ed to Fees				
10.	PD	OFFICERS AN	ID DIREC		11. TITLE			ADDITIONS.	CHANGES TO OFF	ICERS AND	DIRECTORS Change	
NAME STREET ADDRESS CITY+ST-ZIP	NIGOSANTI-DAVIS, CHRISTOPHER S 2161 LAKE DEBORAH DRIVE #1721 ST							© Change ☐ Addition 3233 Daniels Landing Circle inter Garden, FL 34787				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4328 IVE	A, JASON YGLEN AVE O, FL 32826	·	☐ Delete			VSI)				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ı	GARRET DOPER HAWK AVE NT, FL 34711		☐ Delete			VTI	o o			XI Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		□ Delete		1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	- 1	1			·		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1					☐ Change	Addition
12. I hereby indicated of the corchanged	certify that the on this report poration or to or on an att	e information supplied v rt or supplemental repor he reporter or trustee er achment with an address	vith this f rt is true npowers is, with a	ling does not qualify fo and accurate and that r d to execute this report I other like empowered	r the exe ny signa as requi	mption state ture shall ha ired by Char	ed in Se we the oter 607	ection 119.07(3) same legal effe 7, Florida Statuti	(i), Florida Statutes. ct as if made under es; and that my nam	I further ce oath; that I ne appears	rtify that the ir am an officer in Block 10 or	nformation or director Block 11 if