2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079146

FILED Apr 30, 2004 Secretary of State

Entity Nar	me: DREAM i	MAKERS SLEEP PRODUCTS, IN	NC			
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
3140 MARION AV MARGATE, FL 33063 US			7122 NW MIAMI, FI			
Current Mailing Address:			New Mai	New Mailing Address:		
P.O. BOX MIAMI, FL	832137 332832137 L	IS				
FEI Number:	43-2022593	FEI Number Applied For()	FEI Number Not Ap	pplicable () Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name an	nd Address of New Registered Agent:		
COMPLETE CORPORATE SERVICES, INC 915 MIDDLE RIVER DR 410 FT LAUDERDALE, FL 33304 US			7730 SW	COMPLETE CORPORATE SERVICES, INC 7730 SW 68 TR MIAMI, FL 33143 US		
	named entity : e of Florida.	submits this statement for the purp	oose of changing	g its registered office or registered agent, or both,		
SIGNATURE: A. BALLESTAS, PRESIDENT				04/30/2004		
Electronic Signature of Registered Agent				Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P,S, () SHEREBRIN, E 3140 MARION MARGATE, FL	AV	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition BABOUN, VALARIE 7122 NW 74 AV :: MIAMI, FL 33166		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition DESLANDES, OLIVIER 7122 NW 74 AV :: MIAMI, FL 33166		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition REY, RONALD 7122 NW 74 AV This MIAML FL 33166		

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: BRIAN SHEREBRIN P 04/30/2004