2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# P03000090549

Entity Name: DREAM CONCIERGE OF STUART, INC.

Current Principal Place of Business:

3799 SE GATEHOUSE CIRCLE
#5
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

3799 SE GATEHOUSE CIRCLE
#5
STUART, FL 34994

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, GARY M ESQUIRE
5700 NW 61 PLACE
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHARLAU, JACQUELINE J
Address: 3799 SE GATEHOUSE CIRCLE # 5
City-St-Zip: STUART, FL 34994

Title: VP ( ) Delete
Name: O'HANNA, NATALIE
Address: 527 SE MILL STREAM TERRACE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JACQUELINE SCHARLAU P 05/01/2004

Electronic Signature of Signing Officer or Director Date