


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90094 032 \*\*\*150.00

<b>DOCUMENT # P03000101338</b> 1. Entity Name <b>DREAM HOMES PUBLICATIONS, INC.</b>					
Principal Place of Business <b>5006 TROUBLECREEK RD., STE. 151 NEW PORT RICHEY, FL 34652</b>				Mailing Address <del>6839 ANDERSON ST. NEW PORT RICHEY, FL 34653</del>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>5006 Trouble Creek Rd</b> Suite, Apt. #, etc. <b>Suite 151</b> City & State <b>New Port Richey FL</b> Zip      Country <b>34652      USA</b>			
4. FEI Number <b>74-3105251</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04062004    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>DUGAN, RUSTY R 5006 TROUBLECREEK RD., STE. 151 NEW PORT RICHEY, FL 34652</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	
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 reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUGAN, RUSTY R</b> <del>6839 ANDERSON ST.</del> <b>NEW PORT RICHEY, FL 34653</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dugan, Rusty Rhoads</b> <b>6929 Washington St.</b> <b>NEW PORT RICHEY, FL 34652</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUGAN, JAIME</b> <b>6839 ANDERSON ST.</b> <b>NEW PORT RICHEY, FL 34653</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE: Rusty Rhoads Dugan - Rusty Rhoads Dugan 04/12/04 8885414456</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					