

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90008 022 ***158.75

DOCUMENT # P03000130148



1. Entity Name
THINGS N DREAMS INC

Principal Place of Business
**5046 WOODSTONE CIRCLE NORTH
 LAKE WORTH, FL 33463 US**

Mailing Address
**5046 WOODSTONE CIRCLE NORTH
 LAKE WORTH, FL 33463 US**

44049829



2. Principal Place of Business

3. Mailing Address

above

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5046 Woodstone Circle N

07232004 Chg-P CR2E034 (10/03)

City & State

City & State

Lake Worth FL 33463

4. FEI Number

Applied For

33463

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

56-2415975

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRODLIEB, ALICE
 5046 WOODSTONE CIRCLE NORTH
 LAKE WORTH, FL 33463**

Name *Alexander Aymerich*

Street Address (P.O. Box Number is Not Acceptable)

*5046 Woodstone Circle N.
 LAKE WORTH*

City

FL

Zip Code

33463

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/04

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **AYMERICH, ALEXANDER**
 STREET ADDRESS **5046 WOODSTONE CIRCLE NORTH**
 CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **SEC** Delete
 NAME **BRODLIEB, ALICE**
 STREET ADDRESS **5046 WOODSTONE CIRCLE NORTH**
 CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE Delete
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NAME
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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

7/23/04

Daytime Phone #

561-388-9939

Attachment
44049829

July 22, 2004

To Whom It May Concern: # P03000130148

I just received your notice of intent to Dissolve card. I have not received anything prior to this card of notice this year. I am enclosing a check for \$138.75 for the year as I was told to do when I called today along with the form you requested. Thank you for telephone support

Sincerely
Theresa W. Dreams

Att. Lynch