2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000130148

1. Entity Name

THINGS N DREAMS INC



Principal Place of Business

5046 WOODSTONE CIRCLE NORTH LAKE WORTH, FL 33463 US

5046 WOODSTONE CIRCLE NORTH LAKE WORTH, FL 33463 US

FILED Jun 02, 2008 08:00 AM Secretary of State

Fee Required



DO NOT WRITE IN THIS SPACE

05212008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 56-2415975 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

AYMERICA, ALEXANDER 5046 WOODSTONE CIRCLE NORTH LAKE WORTH, FL 33463

DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, typed or printed name of registered agent and title if	d Agent signature required when reinstating)		DATE			
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	Election Campaign Final Trust Fund Contribution.	~ ~ +-	.00 May Be led to Fees	In accordance w corporation did n	ith s. 607.193(2)(b), F.S., the ot receive the prior notice.	he
10.	OFFICERS AND DIREC	TORS		1955		Nagy, Byddig .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AYMERICH, ALEXANDER 5046 WOODSTONE CIRCLE NORTH LAKE WORTH, FL 33463						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BRODLIEB, ALICE 5046 WOODSTONE CIRCLE NORTH LAKE WORTH, FL 33463				06/04/08-	952563 80087-006 158:75	5
TITLE NAME STREET ADDRESS CITY - ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 distance empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

AME OF SIGNING OFFICER OR DIRECTOR