

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005112

FILED  
Feb 06, 2007  
Secretary of State

Entity Name: SHARED DREAMS ENTERPRISES INC

## Current Principal Place of Business:

10282 STALLION RUN CT  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

11250 OLD ST. AUGUSTINE RD #15377  
JACKSONVILLE, FL 32257

## Current Mailing Address:

10282 STALLION RUN CT  
JACKSONVILLE, FL 32257

## New Mailing Address:

11250 OLD ST. AUGUSTINE RD #15377  
JACKSONVILLE, FL 32257

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

## Name and Address of Current Registered Agent:

DUCE, STEVE  
10282 STALLION RUN CT  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

DUCE, STEVE  
11250 OLD ST. AUGUSTINE RD #15377  
JACKSONVILLE, FL 32257 US

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: STEVE DUCE

02/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DUCE, STEVE  
Address: 10282 STALLION RUN CT  
City-St-Zip: JACKSONVILLE, FL 32257

Title: S ( ) Delete  
Name: DUCE, STEVE  
Address: 10282 STALLION RUN CT  
City-St-Zip: JACKSONVILLE, FL 32257

Title: T ( ) Delete  
Name: DUCE, STEVE  
Address: 10282 STALLION RUN CT  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DUCE, STEVE  
Address: 11250 OLD ST. AUGUSTINE RD #15377  
City-St-Zip: JACKSONVILLE, FL 32257

Title: S (X) Change ( ) Addition  
Name: DUCE, STEVE  
Address: 11250 OLD ST. AUGUSTINE RD #15377  
City-St-Zip: JACKSONVILLE, FL 32257

Title: T (X) Change ( ) Addition  
Name: DUCE, STEVE  
Address: 11250 OLD ST. AUGUSTINE RD #15377  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: STEVE DUCE

P

02/06/2007

Electronic Signature of Signing Officer or Director

Date