

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005112

FILED  
May 26, 2011  
Secretary of State

**Entity Name:** SHARED DREAMS ENTERPRISES INC

**Current Principal Place of Business:**

3740 KORI RD.  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

3740 KORI RD.  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 52-2437318

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUCE, STEVE  
3740 KORI RD  
#6C  
JACKSONVILLE, FL 32257 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DUCE, STEVE  
Address: 3740 KORI RD 6C  
City-St-Zip: JACKSONVILLE, FL 32257

Title: S  
Name: DUCE, STEVE  
Address: 3740 KORI RD 6C  
City-St-Zip: JACKSONVILLE, FL 32257

Title: T  
Name: DUCE, STEVE  
Address: 3740 KORI RD 6C  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: STEVE DUCE

P

05/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date