2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000046245

1. Entity Name
DREAM LAND GROUP, INC.



Principal Place of Business

3301 NE 5 AVE PH 12 SUITE 614 MIAMI, FL 33137

Mailing Address

3301 NE 5 AVE PH 12 SUITE 614 MIAMI, FL 33137

FILED Apr 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-0877564 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, OSVALDO J 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME

DO NOT WRITE IN THIS SPACE

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|--|---|---|---|--|---|---|
| 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | if applicable. (NOTE: Registe | red Agent signature required whe | en reinstation) | DATE | ** *** ******************************* |
| | | (No.2 Magnet | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | Election Campaign Fin Trust Fund Contribution | |) May Be to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | , , , , , | _ | * ; | |
| TITLE NAME STREET ADDRESS CITY-ST-21P | PVST MONTOYA, ROCIO 3301 NE 5 AVE PH 12 SUITE 614 MIAMI, FL 33137 | | | e e e | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONTOYA, ROCIO 3301 NE 5 AVE PH 12 SUITE 614 MIAMI, FL 33137 | | | | 00000070140 04/20/07-80052 | 6 -024 150.0 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 12. I hereby of indicated of the corrections of the | certify that the information supplied with this li on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all | ling does not qualify for the e and accurate and that my sign d to execute this report as requ l other like empowered. | xemptions contained in ature shall have the sam uired by Chapter 607, Flo | Chapter 119, Florida ne legal effect as if i orida Statutes; and | da Statutes. I further certify th made under cath; that I am ar I that my name appears in Blo | at the information officer or director ck 10 or Block 11 if |

SIGNING OFFICER OR DIRECTOR