## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 08:00 AN Secretary of State

DOCUMENT # P04000047813  1. Entity Name DREAMSCAPES OF GAINESVILLE, INC.					Secretary of State
Principal Place of Business Mailing Address					·
4130 NW 9TH ST GAINESVILLE, FL 32609  4130 NW 9TH ST GAINESVILLE, FL 32609			)9		
2. Principal P	flace of Business	3. Mailing Address			
Suite. Apt. #, etc.		Suite, Apt #, etc.			04192006 Chg-P CR2E034 (11/05)
City & State		City & State			4. FEI Number Applied For
Z <sub>1</sub> p Country		Zip Country		itry	20-2905454   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional
ļ				·	Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
VELASCO, JOE H 4130 NW 9TH ST GAINESVILLE, FL 32609				Street Address (	P.O. Box Number is Not Acceptable)
GAINESVI	LLE, FL 32009				
		<b>4</b>		City	FL Zip Code .
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND		11.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PST VELASCO, JOE H	☐ Delete	TITU		☐ Change ☐ Addition
SIREET ADDRESS CITY+ST-ZIP	4130 NW 9TH ST GAINESVILLE, FL 32609		STRE	ET ADDRESS -ST-ZIP	U00000538079 05/09/06-80043-009 150.00
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CITY-ST-ZIP				-ST-ZIP	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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 attactyment with an address, with all other like empowered.					