

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000074099

1. Entity Name
DREAM HOMES OF ORLANDO INC.



Principal Place of Business
432 VILLAGE PL. BLDG 4
DAVENPORT, FL 33896

Mailing Address
432 VILLAGE PL. BLDG 4
DAVENPORT, FL 33896

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08312005

Chg-P

CR2E034 (10/03)

4. FEI Number

41-2136286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PABON, HARRY N
432 VILLAGE PL. BLDG. 4
DAVENPORT, FL 33896

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
PABON, HARRY N
432 VILLAGE PL. BLDG. 4
DAVENPORT, FL 33896

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500059902835
09/23/05--01052--025 **150.00

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TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 SEP 23 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



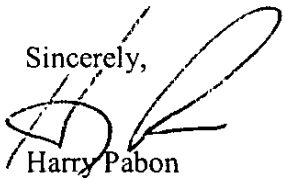
August 31, 2005

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear: Sirs

Enclosed you'll find check issue to you in the amount of \$150.00. You'll also find a copy of the completed 2005 Annual Report for our company. We are sending you this payment and at the same time voice our apology to you for not having it paid sooner. It came as quite a shock and surprise to us that we had to pay \$150.00 for the renewal of our company since we never received any letter or information from you. Please note our new address and other information you require. Please accept the enclosed and adjust the records accordingly. Should you have any question, you may give me a call at 407-931-0002. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'HP', is written over the word 'Sincerely,'.

Harry Pabon
President
Dream Homes of Orlando, Inc.
Doc# P04000074099