

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90308 021 \*\*\*150.00

**DOCUMENT # P04000077133**

1. Entity Name  
**DREAM BIG INVESTMENTS, INC**



Principal Place of Business  
**3515 OCEAN CAY CIRCLE  
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address  
**3948 3RD ST S  
195  
JACKSONVILLE BEACH, FL 32250 US**

**60024756**



2. Principal Place of Business  
**12428 SAN JOSE BLVD**  
Suite, Apt. #, etc.  
**SUITE #4**  
City & State  
**JACKSONVILLE, FL**  
Zip  
**32223** Country  
**DUVAL**

3. Mailing Address  
**12428 SAN JOSE BLVD**  
Suite, Apt. #, etc.  
**SUITE #4**  
City & State  
**JACKSONVILLE**  
Zip  
**32223** Country  
**DUVAL**

04062006 Chg-P CR2E034 (11/05)

4. FEI Number  
**90-0181448** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KLEIN, STEVEN M  
3515 OCEAN CAY CIRCLE  
JACKSONVILLE BEACH, FL 32250**

**7. Name and Address of New Registered Agent**

Name  
**WILLIAM J. RYAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**12428 SAN JOSE BLVD. STE #4**  
City  
**JACKSONVILLE** FL Zip Code  
**32223**

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: *William J. Ryan* DATE: **4-6-6**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KLEIN, STEVEN M 3515 OCEAN CAY CIRCLE JACKSONVILLE BEACH, FL 32250</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RYAN, WILLIAM J 12224 SPRINGMOOR CT JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RYAN, WILLIAM J 12428 SAN JOSE BLVD STE #4 JACKSONVILLE, FL 32223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William J. Ryan* DATE: **4-6-6** DAYTIME PHONE: **260-0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR