


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P04000082099	
1. Entity Name DREAM KATCHA, INC.	

Principal Place of Business 12289 PEMBROKE RD STE 99 PEMBROKE PINES, FL 33025	Mailing Address 12289 PEMBROKE RD STE 99 PEMBROKE PINES, FL 33025
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04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0759581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**YEARWOOD, DWIGHT B
12289 PEMBROKE RD STE 99
PEMBROKE PINES, FL 33025**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D YEARWOOD, DWIGHT B 4480 SW 153 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEARWOOD, STANLEY B 4480 SW 153 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEARWOOD, CYNTHIA L 4480 SW 153 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEARWOOD, JUSTIN J 4480 SW 153 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/23/07-80042-006 150.00

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:  **04 30 07** **754-204-5839**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #