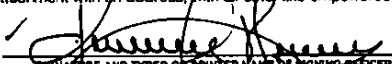


FILED
Jun 04, 2007 8:00 am
Secretary of State

05-14-2007 90077 001 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000089817		
1. Entity Name AMERICAN DREAM REALITY, INC.		
Principal Place of Business 11079 NW 81 MANOR PARKLAND, FL 33076 US		Mailing Address 11079 NW 81 MANOR PARKLAND, FL 33076 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HERRERA, ALVARO F 11079 NW 81 MANOR PARKLAND, FL 33076		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 reappointing) _____ 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	P HERRERA, ALVARO F 11079 NW 81 MANOR PARKLAND, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HERRERA, MATILDE 11079 NW 81 MANOR PARKLAND, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERRERA, MICHAEL 11079 NW 81 MANOR PARKLAND, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, MATILDE 11079 NW 81 MANOR PARKLAND, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, ALVARO F 11079 NW 81 MANOR PARKLAND, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5/30/07 Daytime Phone # 954-344-0310