P04000097849

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TRANSMITTAL LETTER

SIMIFOT. TORGON - AS THE
SUBJECT: DREAM - AS INC (Name of Corporation)
DOCUMENT NUMBER: Po4000097849
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ALISON. L. BRAMWELL (Name of Person)
(Name of Firm/Company)
7673 NW 19th STREET. (Address)
PEMBROKE PINES FL 33024 (City/State and Zip Code)
For further information concerning this matter, please call:
ALISON. L. BRAMWELL at (954) 966 - 7480. (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Alison L. Bramwell , hereby resign as	Vice	President
		(Title)
of Dream - As Inc.		
(Name of Corporation)		
Po400097849 a corporation organized un (Document Number, if known)	der the lav	ws of the State of
Florida	÷	
that 2 as		
_ Will Karnwell.		
(Signature of resigning officer/direct	or)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314