

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098449

Entity Name: TENACIOUS DREAMS, INC.

FILED
Feb 22, 2005
Secretary of State

Current Principal Place of Business:

8192 SARATOGA DR UNIT 604
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

8192 SARATOGA DR UNIT 604
NAPLES, FL 34113

New Mailing Address:

FEI Number: 54-2155041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, ARLENE F ESQ
5811 PELICAN BAY BLVD SUITE 201
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: LALIBERTE, MICHAEL R MR.
Address: 8192 SARATOGA DRIVE, #604
City-St-Zip: NAPLES, FL 34113 US

Title: V PR () Change (X) Addition
Name: LALIBERTE, LISA R MRS.
Address: 8192 SARATOGA DRIVE, #604
City-St-Zip: NAPLES, FL 34113 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. LALIBERTE

PRES

02/22/2005

Electronic Signature of Signing Officer or Director

_____ Date