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(Re	questor's Name)	.	
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Fantasy Dream Prod	ductions, Inc	
(Name of Corporation)		
DOCUMENT NUMBER: PO4	000113969	
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing	
Please return all correspondence con	ncerning this matter to the following:	
Peter Morales		
(Name of Pers	on)	
Fantasy Dream Productions, In		
(Name of Firm/Co	mpany)	
P O Box 305		
(Address)		
Lehigh Acres, FL 33970-0305		
(City/State and Zi	p Code)	
For further information concerning	this matter, please call:	
Peter Morales	at (239 303-2024 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 mad	e payable to the Florida Department of State.	
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Xiomara Gonzalvo	hereby resign as	Vice President Officer
•,	, norvey reargn wa_	(Title)
of Fantasy Dream Productions, Inc .		
(Name of Corp	poration)	
PO4000113969 , a co	orporation organized ur	nder the laws of the State of
Florida		•
	Honzala	<u> </u>
∫ Ang natu	re of resigning officer/direc	tor)

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