2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P04000115695 02-16-2006 90048 016 ***150.00 1. Entity Name NILE DREAM CORP. Principal Place of Business Mailing Address 180 WEST WASHINGTON STREET 180 WEST WASHINGTON STREET MONTICELLO FL 32344 MONTICELLO FL 32344 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 20-1504285 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mama-GUIRGUIS, PETER R Street Address (P.O. Box Number is Not Acceptable) 4891 HERITAGE PARK BLVD. TALLAHASSEE FL 32311 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Efection Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change ☐ Addition TITLE Delete Guirguis, Raouf Sud. NAME GUIRGUIS, RAOUF S NAME STREET ADDRESS 4891 HERITAGE PARK BLVD. STREET ADDRESS Tallahassee FL 32311 CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP Guirguis, Hoda A 4891 Heritage Park Blud. Delete TITLE Addition NAME GUIRGUIS, HODA A NAME STREET ADDRESS STREET ADDRESS 4891 HERITAGE PARK BLVD. Tallahasse FL 32311 CITY-ST-ZIP CBY-ST-7IP TALLAHASSEE FL 32311 ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change -☐ Addition TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Feb 16, 2006 8:00 am

SIGNATURE: Hoda A. Guirguis Hoda A. Guirguis 01/28/06 (850)-997-388