

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123495

FILED
Feb 09, 2006
Secretary of State

Entity Name: 4 D.R.E.A.M.S. INCORPORATED

Current Principal Place of Business:

2033 TRADE CENTER WAY SUITE 4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

2033 TRADE CENTER WAY SUITE 4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 20-1546639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINMETZ, ELIEZER
5131 CHERRYWOOD DR
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

STEINMETZ, ELIEZER
5131 CHERRY WOOD DR
NAPLES, FL 34119 US

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: ELIEZER STEINMETZ

02/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEINMETZ, ELIEZER
Address: 5131 CHERRYWOOD DR
City-St-Zip: NAPLES, FL 34119 US

Title: VP () Delete
Name: STEINMETZ, DVORA
Address: 5131 CHERRYWOOD DR
City-St-Zip: NAPLES, FL 34119 US

Title: TREA () Delete
Name: STEINMETZ, ELIEZER
Address: 5131 CHERRYWOOD DR
City-St-Zip: NAPLES, FL 34119 US

Title: SECR () Delete
Name: STEINMETZ, DVORA
Address: 5131 CHERRYWOOD DR
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STEINMETZ, ELIEZER
Address: 5131 CHERRY WOOD DR
City-St-Zip: NAPLES, FL 34119 US

Title: VP (X) Change () Addition
Name: STEINMETZ, DVORA
Address: 5131 CHERRY WOOD DR
City-St-Zip: NAPLES, FL 34119 US

Title: TREA (X) Change () Addition
Name: STEINMETZ, ELIEZER
Address: 5131 CHERRY WOOD DR
City-St-Zip: NAPLES, FL 34119 US

Title: SECR (X) Change () Addition
Name: STEINMETZ, DVORA
Address: 5131 CHERRY WOOD DR
City-St-Zip: NAPLES, FL 34119 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ELIEZER STEINMETZ

PRES

02/09/2006

Electronic Signature of Signing Officer or Director

Date