



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000123495	
1. Entity Name 4 D.R.E.A.M.S. INCORPORATED	

Principal Place of Business 2033 TRADE CENTER WAY SUITE 4 NAPLES, FL 34109 US	Mailing Address 2033 TRADE CENTER WAY SUITE 4 NAPLES, FL 34109 US
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1546639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEINMETZ, ELIEZER 5131 CHERRY WOOD DR NAPLES, FL 34119	DO NOT WRITE IN THIS SPACE
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.	

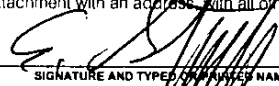
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000789055 01/22/08-80010-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEINMETZ, ELIEZER 5131 CHERRY WOOD DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEINMETZ, DVORA 5131 CHERRY WOOD DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA STEINMETZ, ELIEZER 5131 CHERRY WOOD DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR STEINMETZ, DVORA 5131 CHERRY WOOD DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEINMETZ, RONIT 5131 CHERRYWOOD DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:  **E. STEINMETZ** 1/10/08 239 594 7988
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #