



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90029 002 ***150.00

DOCUMENT # P05000001470 1. Entity Name VORTEXUAL DREAMS PRODUCTION, INC.					
Principal Place of Business 2704 SE 45TH AVE. OCALA, FL 34471			Mailing Address P.O. BOX 32 OCALA, FL 34478		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03142007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 75-3178974	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TAYLOR, LEITH 3380 ORINOCO LN MARGATE, FL 33063			7. Name and Address of New Registered Agent Name Leith Taylor Street Address (P.O. Box Number is Not Acceptable) 2704 SE 45th Ave City Ocala FL Zip Code 34471		
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 <i>Leith a. Taylor</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 3-20-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, LEITH 3380 ORINOCO LN MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Taylor, Leith 2704 SE 45th Ave Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, CAROL 3380 ORINOCO LN MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Taylor, Carol 2704 SE 45th Ave Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Leith a. Taylor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-20-07 Registered Phone # 352-871-4308		