2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000016246

FILED Jul 06, 2006 Secretary of State

Entity Nam	ne: DARE TO	D DREAM BRIDAL, INC.				•	
Current Principal Place of Business:				New Principal Place of Business:			
4950 MOOG RD HOLIDAY, FL 34691				4950 MOOG RD HOLIDAY, FL 34690			
Current Mailing Address:				New Mailing Address:			
4950 MOOG RD HOLIDAY, FL 34691				4950 MOOG RD HOLIDAY, FL 34690			
FEI Number:	59-3794962	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:				
GILBREATH, CHARLENE 4950 MOOG RD HOLIDAY, FL 34691 US				GILBREATH, CHARLENE 4950 MOOG RD HOLIDAY, FL 34690 US			
The above in the State		submits this statement for the p	ourpose of	f changing it	s registere	ed office or registered agent, or both,	
SIGNATURE: CHARLENE GILBREATH				07/06/2006			
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financin	3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive tl			ES TO OFFICERS AND DIRECTORS.	
Title: Name: Address: City-St-Zip:	P (GILBREATH, C 3230 BREWST HOLIDAY, FL) Delete HARLENE 'ER DR		Title: Name: Address: City-St-Zip:	5/CHANG	ES TO OFFICERS AND DIRECTORS: () Change () Addition	
Title: Name: Address: City-St-Zip:	BOWER, DAW 3230 DARLING HOLIDAY, FL	STON RD 34691		Title: Name: Address: City-St-Zip:	HOLIDAY, I	.INGTON RD FL 34691	
Title: Name: Address: City-St-Zip:	ST (BOWER, JODY 3230 DARLING HOLIDAY, FL	STON RD		Title: Name: Address: City-St-Zip:	ST BOWER, J 3344 DARL HOLIDAY, I	INGTON RD	

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: CHARLENE GILBREATH P 07/06/2006