

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90335 016 ***150.00

DOCUMENT # P05000073792					
1. Entity Name MY DREAM PRINTING, INC.					
Principal Place of Business 13899 BISCAYNE BLVD. 134 NORTH MIAMI BEACH, FL 33181			Mailing Address 13899 BISCAYNE BLVD. 134 NORTH MIAMI BEACH, FL 33118-1		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. # 110			Suite, Apt. #, etc. # 110		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01242006 Chg-P CR2E034 (11/05)	
4. FEI Number 74-3147080				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KARLENE L. GRAY, P.A. 13899 BISCAYNE BLVD. 107 NORTH MIAMI BEACH, FL 33181			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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			DATE 4-28-06		
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, 2006 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 TURNER, RUTH 13899 BISCAYNE BLVD. #134 NORTH MIAMI BEACH, FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, RUTH 13899 BISCAYNE BLVD. #134 NORTH MIAMI BEACH, FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, RUTH 13899 BISCAYNE BLVD. #134 NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 4-28-06 305-301-8840		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		