2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 06, 2006 8:00 am Secretary of State **DOCUMENT # P05000101142** 1. Entity Name 07-06-2006 90002 044 ***150.00 SUNCATCHERS' DREAM, INC. Principal Place of Business Mailing Address 108 TIDY ISLAND BLVD 108 TIDY ISLAND BLVD BRADENTON, FL 34210 BRADENTON, FL 34210 50021557 2. Principal Place of Business 3. Mailing Address 630 Tarpon Bay Rd Suite, Apt. #, etc. 07022006 Chg-P CR2E034 (11/05) City & State City & State Applied For Sanibe Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEISSMAN, CAROLE A 108 TIDY ISLAND BLVD Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34210 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change Addition DANIE MOORE THOMPSON 630 TAPPON BUY RD 3457 NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP City-St-Zip TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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.