2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered

Mar 15, 2007 08:00 AM **DOCUMENT # P05000116827 Secretary of State** 1. Entity Name GOSSAMER DREAMS, INC. Principal Place of Business Mailing Address 353 AMBERIACK PLACE 353 AMBERIACK PLACE MELBOURNE, FL 32951 MELBOURNE, FL 32951 No Chg-P CR2E034 (11/05) 01212007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4312114 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHARLETT, DIERDRE L DO NOT WRITE 353 AMBERJACK PLACE MELBOURNE, FL 32951 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, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CHARLETT, DIEDRE L 353 AMBERJACK PLACE STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32951 TITLE U00000667707 03/26/07-80039-007 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TOTLE STREET ADDRESS CITY-ST-ZIP NAME

FILED

SIGNATURE: _

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