## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P05000735103**

DREAM WARE ENTERPRISES CORP



**FILED** Jul 24, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

8050 N NOB HILL RD. 207

TAMARAC, FL 33321

Mailing Address

8050 N NOB HILL RD.

DO NOT WRITE IN THIS SPACE

- TAMARAC, FL 33321

US



M

07102007 No Chg-P

CR2E034 (11/05)

4. FEI Number

**NOT APPLICABLE** 

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKUPEIKA, MARKUS J MR 8050 N NOB HILL RD 207

TAMARAC, FL 33321

## DO NOT WRITE 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.					
SIGNATURE Walt Tolo1					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOWIII FEE IS \$150.00 Due by September 14, 2007		Election Campaign Financ     Trust Fund Contribution.	9. Election Campaign Financing Trust Fund Contribution.  Add  Add  Add  Add  Add  Add  Add  A		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIF	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SKUPEIKA, MARK J MR 8050 N NOB HILL RD. TAMARAC, FL 33321				U00000770214 07/24/07-80008-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000770214 07/24/07~80008~002 8.75
TITLE NAME STREET ADDRESS					
CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		•	_	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 impowered 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.					