


FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90153 029 ***150.00

DOCUMENT # P05000137574

1. Entity Name
STREET DREAMS ENTERTAINMENT INCORPORATED




06-05-2006 90153 029 ***150.00

Secretary of State

Principal Place of Business
PO BOX 811 3609 Truman Drive
CLEARWATER, FL 33757 Holiday, Fla 34691

Mailing Address
PO BOX 811 3609 Truman Drive
CLEARWATER, FL 33757 Holiday, Fla 34691

50020922



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05232006 Chg-P CR2E034 (11/05)

4. FEI Number
20-7923517

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TRUEBLOOD, CHERYL
911 N. GARDEN AVE
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!!-FEE IS \$150.00-
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
COONEY, JULIUS
PO BOX 811
CLEARWATER, FL 33757

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Pres
CHERYL TRUEBLOOD
P.O. Box 811 3609 Truman Drive
Holiday, Fla 34691

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CLEARWATER, FL.
33755

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CITY-ST-ZIP

☐ Change ☐ Addition

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: Cheryl Trueblood CHERYL TRUEBLOOD

5/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #