

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 20, 2006  
Secretary of State**

DOCUMENT# P05000142491

Entity Name: REALITY OF A DREAM, INC.

**Current Principal Place of Business:**

1985 LONGWOOD-LAKE MARY  
STE. 1001  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1985 LONGWOOD-LAKE MARY  
STE. 1001  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 20-3662870      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOTO, GABRIEL  
511 ELDRON AVE  
DELTONA, FL 32738      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: PHILLIPS, DANILO  
Address: 14669 KRISTERNRIGHT LANE  
City-St-Zip: ORLANDO, FL 32826

Title: VP      ( ) Delete  
Name: PHILLIPS, MARIA  
Address: 14669 KRISTERNRIGHT LANE  
City-St-Zip: ORLANDO, FL 32826

Title: TRS      ( ) Delete  
Name: CIVICK, MARK SR.  
Address: 11745 HATCHER CIR  
City-St-Zip: ORLANDO, FL 32824

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC      (X) Change ( ) Addition  
Name: PHILLIPS, NICHOLAS  
Address: 14669 KRISTENRIGHT LANE  
City-St-Zip: ORLANDO, FL 32826

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA PHILLIPS

VP

11/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date