2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152542

Entity Name: DREAMS TO REALTY, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

8300 PLAZA GATE LANE 9411 OSPREY BRANCH TRAIL

SUITE 1192 SUITE #8

JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

8300 PLAZA GATE LANE 9411 OSPREY BRANCH TRAIL

SUITE 1192 SUITE #8

JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32257

FEI Number: 20-3830329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SWEDLOW, BARRY SWEDLOW, BARRY

9411 OSPRÉY BRANCH TRAIL 3832-010 BAYMEADOWS ROAD

SUITE #335 SUITE #8

JACKSONVILLE, FL 32217 US JACKSONVILLE, FL 32257 US

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: 04/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title:

SWEDLOW, BARRY SWEDLOW, BARRY Name: Name:

8300 PLAZA GATE LANE/SUITE 1192 9411 OSPREY BRANCH TRAIL SUITE #8 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32257

VΡ () Delete Title: VΡ (X) Change () Addition Title:

MITCHEM, MIKE Name: Name: MITCHEM, MIKE

8787 SOUTHSIDE BLVD. /SUITE 4305 10075 GATE PARKWAY N UNIT #305 Address: Address: JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32246 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: TRFA () Delete TRFA

MITCHEM, MIKE MITCHEM, MIKE Name: Name:

8787 SOUTHSIDE BLVD./SUITE 4305 10075 GATE PARKWAY N UNIT #305 Address: Address:

JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip:

() Delete Title: SEC Title: SEC (X) Change () Addition Name:

ENDICOTT, LORI ENDICOTT, LORI Name:

Address: 8787 SOUTHSIDE BLVD./SUITE 4305 Address: 10075 GATE PARKWAY N UNIT #305

City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32246

Title: Title: () Delete () Change () Addition

SNEED, CHRISTOPHER A Name: Name: P.O. BOX 54757 Address: Address: JACKSONVILLE, FL 32245 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LORI ENDICOTT SEC 04/30/2007