


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90089 007 ***150.00

DOCUMENT # P06000003727	
1. Entity Name DREAM AD AGENCY, INC	

Principal Place of Business PO BOX 101672 CAPE CORAL, FL 33910-1672	Mailing Address PO BOX 101672 CAPE CORAL, FL 33910-1672
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2. Principal Place of Business - No P.O. Box # 1625 SE 46TH ST	3. Mailing Address 1625 SE 46TH ST
Suite, Apt. #, etc. SUITE 4	Suite, Apt. #, etc. SUITE 4
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33904-8728	Zip 33904-8728
Country	Country

	
03262007 Chg-P	CR2E034 (12/06)
4. FEI Number 20-3906734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

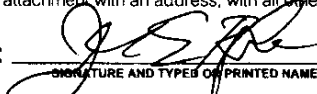
6. Name and Address of Current Registered Agent	
BIFFAR, JOHN E 3412 SE 22ND AVENUE CAPE CORAL, FL 33904	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BIFFAR, JOHN E 3412 SE 22ND AVENUE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD VICK, DONALD 20590 ROOKERY DRIVE ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	42907 Date Daytime Phone #