

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014483

Entity Name: DREAM REALITY, INC.

FILED
Mar 07, 2007
Secretary of State

Current Principal Place of Business:

3971 PONCE DE LEON AVE
JACKSONVILLE, FL 32217

New Principal Place of Business:

6143 ORTEGA FARMS BLVD
JACKSONVILLE, FL 32244

Current Mailing Address:

3971 PONCE DE LEON AVE
JACKSONVILLE, FL 32217

New Mailing Address:

6143 ORTEGA FARMS BLVD
JACKSONVILLE, FL 32244

FEI Number: 56-2564279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARRICK, DEAN A
3971 PONCE DE LEON AVE
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

WARRICK, DEAN A
6143 ORTEGA FARMS BLVD
JACKSONVILLE, FL 32244 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: DEAN A WARRICK

03/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: WARRICK, DEAN A
Address: 3971 PONCE DE LEON AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: S () Delete
Name: GALARPE, ALFONSE G
Address: 2340 POWELL ST #160
City-St-Zip: EMERYVILLE, CA 94608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: WARRICK, DEAN A
Address: 6143 ORTEGA FARMS BLVD
City-St-Zip: JACKSONVILLE, FL 32244

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

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: DEAN A WARRICK

PCEO

03/07/2007

Electronic Signature of Signing Officer or Director

Date