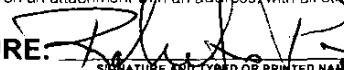


2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 27, 2007 8:00 am
Secretary of State**

08-27-2007 90034 017 ***150.00

DOCUMENT # P06000044545			
1. Entity Name DREAM WORKS UNLIMITED INC			
Principal Place of Business 6634 BREEZE WAY ORLANDO, FL 32807 US		Mailing Address 6634 BREEZE WAY ORLANDO, FL 32807 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	
6. Name and Address of Current Registered Agent		Name Street Address City	
Perez, Roberto 6634 BREEZE WAY ORLANDO, FL 32807			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable			
NOTE: Registered Agent signature required			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$ _____	
10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Perez, Roberto 6634 BREEZE WAY ORLANDO, FL 32807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the power of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.			
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	