


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90039 005 ***150.00

DOCUMENT # P06000082612		
1. Entity Name CAFFEINE DREAMS, INC.		

Principal Place of Business 5848 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914	Mailing Address 5848 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914
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40052165



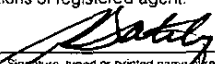
2. Principal Place of Business - No P.O. Box # 5789 Cape Harbour Dr		3. Mailing Address	
Suite, Apt. #, etc. #101		Suite, Apt. #, etc.	
City & State Cape Coral FL		City & State	
Zip	Country	Zip	Country

01302007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5084750		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DURANT, MICHAEL A CONROY CONROY & DURANT PA 2210 VANDERBILT BEACH ROAD SUITE 1201 NAPELS, FL 34109		7. Name and Address of New Registered Agent Name: Jeff Gately Street Address (P.O. Box Number is Not Acceptable): 5848 Cape Harbour Dr City: Cape Coral FL Zip Code: 33914	
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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:  Jeffrey S. Gately President 3-4-07
(NOTE: Registered Agent signature required when reinstating)

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	P GATELY, JEFFREY S 5848 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914 <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	V JOHNSON, TODD 5848 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914 <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	ST CENTALONZA, RALPH 5848 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Jeffrey S. Gately President 3-4-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 239-542-0200