

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 12, 2008  
Secretary of State**

DOCUMENT# P06000150666

Entity Name: NIGHT DREAMS INC

**Current Principal Place of Business:**

10600 LAND O LAKES BLVD  
LAND O LAKES, FL 34638 US

**New Principal Place of Business:**

**Current Mailing Address:**

11630 KENT GROVE DRIVE  
SPRING HILL, FL 34610 US

**New Mailing Address:**

FEI Number: 26-2157703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LONG, BRENDA J  
11630 KENT GROVE DRIVE  
SPRING HILL, FL 34610 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: LONG, BRENDA J  
Address: 11630 KENT GROVE DRIVE  
City-St-Zip: SPRING HILL, FL 34610 US

Title: VP ( ) Delete  
Name: ABOSIDA, PETER  
Address: 11630 KENT GROVE DRIVE  
City-St-Zip: SPRING HILL, FL 34610 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: BRENDA J LONG

P

03/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date