

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003720

Entity Name: DREAMERS USA INC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

5108 PINETREE DR
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5108 PINETREE DR
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 20-8184835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADAGAN BUSINESS SOLUTIONS & ASSOCIATES
5440 STATE ROAD 7
221
FORT LAUDERDALE, FL 33319 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VILORIA, MARIA V
Address: 5108 PINETREE DR
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: VP () Delete
Name: POLANCO, ONEYDA
Address: 5108 PINETREE DR
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: S () Delete
Name: POLANCO, ONEYDA
Address: 5108 PINETREE DR
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: T () Delete
Name: VILORIA, MARIA V
Address: 5108 PINETREE DR
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: D () Delete
Name: POLANCO, ONEYDA
Address: 5108 PINETREE DR
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: D () Delete
Name: VILORIA, MARIA V
Address: 5108 PINETREE DR
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARIA VIRGINIA VILORIA

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date