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(Re	equestor's Name)	······································		
(Address)				
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
<u> 1007</u> -	20985			



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2001 HAY -9 PH 12: 56
SECRETARY OF STAIL
TALLAHASSEE, FLORID

Office Use Only

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Dream	Theme	Designs	Inc.
_	(PRO	POSED CORPORAT	E NAME – MUST INCL	UDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status DPY REQUIRED
FROM:	2032 C.R.	Printed or typed)	
	Orange Par	K, F1. 32 State & Zip	2073
	904- 626 Daytime Te	elephone number	

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2007

G. JOEL HINES 2032 C.R. 220 ORANGE PARK, FL 32073

SUBJECT: DREAM THEME DESIGNS INC.

Ref. Number: W07000020985

We have received your document for DREAM THEME DESIGNS INC.. However, the document has not been filed and is being returned for the following:

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filing Section

Letter Number: 907A00030137

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ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	
The name of the corporation shall be:	
Dream Theme Designs Inc.	2001 HAY -9 SECRETARY TALLAHASSI
ARTICLE II PRINCIPAL OFFICE	JI HAY -9 ECRETARY LAHASSE
The principal place of business/mailing address is:	SSS -9
2032 CR. 220	
Orange Park, Fl. 32073	9 PM 12: 56 Y OF STATE SEE. FLORID
ARTICLE III PURPOSE	<u> </u>
The purpose for which the corporation is organized is:	± 6
Designing, contracting and consulting	
in the construction field	
ARTICLE IV SHARES	
The number of shares of stock is:	
1000 no par shares	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
G. Joel Heines	
P.O. Box 9498	
Flemming Island, Fl. 32006	·
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the regi	stered agent is:
G. Joel Heines	
2032 CR. 220 Orange Park, F1. 32073	
•	
ARTICLE VII INCORPORATOR The name and address of the Incompositor is	
The <u>name and address</u> of the Incorporator is: G. Joel Heines	
Po. Box 9498	
Flemming Island, Fl. 32006	
**************************************	*******
Having been named as registered agent to accept service of process for the above stated co certificate, I am familiar with and accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the agent agent and agree to accept the agent agen	rporation at the place designated in this et in this capacity
TO 0 > Dlank	4-26-07
Signature/Registered Agent	
D 0 11-	Date 4 - 26 - 07
Signature/Incorporator	Date