

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059924

Entity Name: DREAM DESIGNERS INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

100 KINGS POINT DRIVE
305
SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address:

100 KINGS POINT DRIVE
305
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

16950 NORTH BAY RD.
2411
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

16950 NORTH BAY RD.
2411
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 26-0209136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMARAZEANU, GABRIEL MIHAI
100 KINGS POINT DRIVE
305
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

AMARAZEANU, GABRIEL MIHAI
16950 NORTH BAY RD.
2411
SUNNY ISLES BEACH, FL 33160 US

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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMARAZEANU, GABRIEL MIHAI
Address: 100 KINGS POINT DRIVE #305
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: VP () Delete
Name: HUEMBES, LIGIA
Address: 100 KINGS POINT DRIVE #305
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: OD () Delete
Name: AMARAZEANU, CELA
Address: 100 KINGS POINT DRIVE #305
City-St-Zip: SUNNY ISLES, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AMARAZEANU, GABRIEL MIHAI
Address: 16950 NORTH BAY RD. #2411
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: VP (X) Change () Addition
Name: HUEMBES, LIGIA
Address: 2031 NE 139TH ST.. #25
City-St-Zip: NORTH MIAMI BEACH, FL 33181 US

Title: OD (X) Change () Addition
Name: AMARAZEANU, CELA
Address: 16950 NORTH BAY RD. #2411
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: GABRIEL AMARAZEANU

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date