

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063659

FILED  
May 09, 2009  
Secretary of State

Entity Name: LUCID DREAMS, INC.

**Current Principal Place of Business:**

1688 WEST AVE APT 506  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1688 WEST AVE APT 506  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 33-1166902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAZACK, LISANE  
1688 WEST AVE APT 506  
MIAMI BEACH, FL 33139      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: RAZACK, ADNAN  
Address: 1688 WEST AVE APT 506  
City-St-Zip: MIAMI BEACH, FL 33139

Title: V      ( ) Delete  
Name: RAZACK, LISANE  
Address: 1688 WEST AVE APT 506  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D      (X) Delete  
Name: MCCOMAS, JOSEPH  
Address: 1688 WEST AVE APT 506  
City-St-Zip: MIAMI BEACH, FL 33139

**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:

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: LISANE RAZACK

VP

05/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date