

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