2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125634

Name:

Address:

City-St-Zip:

HUSSAIN, FAIZA

2516 ASCOT CT

KISSIMMEE, FL 34744 US

Entity Name: DREAMS UNLIMITED INC

FILED Sep 12, 2008 Secretary of State

•					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NGE BLOSSC), FL 32837	DM TRAIL US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2516 ASC KISSIMME	OT CT E, FL 34744	US			
FEI Number	: 75-3260790	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
The above	e of Florida.	US submits this statement for the រុ	purpose of changing its registered	d office or registered agent, or both,	
Electronic Signature of Registered Agent			ent	Date	
Election Car		03(2)(b), F.S., the corporation did no g Trust Fund Contribution(). E TORS:	•	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (HUSSAIN, ISHI 2516 ASCOT C KISSIMMEE, F	CT CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (HUSSAIN, MOH 2516 ASCOT C KISSIMMEE, F	T	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	AVP () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ISHRAT HUSSAIN P 09/12/2008