2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

HIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 16, 2006 8:00 am **Secretary of State** DOCUMENT # P93000084042 1. Entity Name 02-16-2006 90042 047 \*\*\*163.75 DREAM HOMES TAMPA REALTY, INC. Principal Place of Business Mailing Address 1201 W HILLSBOROUGH TAMPA FL 33603 1201 W HILLSBOROUGH TAMPA FL 33603 2. Principal Place of Business 1201 w. HILLSburury 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State 59-3213982 am Pa Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33603 Hillsburuvah 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERNANDEZ, ENRIQUE 1201 W HILLSBOROUGH AVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33603** Zio Code 8. 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. I am familiar with, and accept the obligations of registered agent. gent and tale it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State **DFFICERS AND DIRECTORS** 10. 11. TITLE ☐ Addition Delete TITLE : FERNANDEZ EVA FERNANDEZ, EVA NAME NAME 4914 E. LONDOAT BIVE. STREET ADDRESS STREET ADDRESS 10609 HOTTERAS DR CITY-ST-ZIP TAMPA FL 33615 🍀 CITY-ST-ZIP ENRIQUE FERNANDEZ Change TITLE ☐ Delete FERNANDEZ, ENRIQUE NAME 1201 W. HILLSborough Ave STREET ADDRESS 1201 W HILLSBOROUGH AVE STREET ADDRESS CITY-ST-7IP TAMPA FL 33603 CITY-ST-7IP Secretary Change Maria Fernandez Grange 4914 E Lonboat Blvd. Addition TITLE Delete DITLE NAME NAME STREET ADDRESS STREET ADDRESS Pa FL 33615 CITY-ST-ZIF CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE Change ■ Addition IIII F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #