

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000037591

1. Entity Name
DREAM CUSTOM HOMES, INC.



**FILED
Mar 21, 2006 8:00 am
Secretary of State**

03-21-2006 90041 042 ***150.00

Principal Place of Business
14109 ANGLE RD.
HUDSON, FL 34669 US

Mailing Address
14109 ANGLE RD.
HUDSON, FL 34669 US

DO NOT WRITE IN THIS SPACE

50003883

03132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3248338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BURICH, BARRY
14109 ANGLE RD.
HUDSON, FL 34669

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURICH, BARRY
STREET ADDRESS 14109 ANGLE RD.
CITY-ST-ZIP HUDSON, FL 34669

TITLE VPST
NAME BURICH, MATT
STREET ADDRESS 4295 NEWPORT DR.
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-14-06 X 352-279-6795
Date Daytime Phone #