


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000037591

1. Entity Name
DREAM CUSTOM HOMES, INC.



Principal Place of Business Mailing Address

14109 ANGLE RD. **14109 ANGLE RD.**
HUDSON, FL 34669 US **HUDSON, FL 34669 US**

DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3248338 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BURICH, BARRY
14109 ANGLE RD.
HUDSON, FL 34669

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if 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, 2007 Fee will be \$550.00 Trust Fund Contribution. **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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10000074702E
05/17/07-20009-007 158.75

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 an other like empowered.

SIGNATURE: _____ **Date** **3-27-07** **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR