

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90014 017 \*\*\*150.00

<b>DOCUMENT # P94000054899</b> 1. Entity Name <b>DREAMLAND PRODUCTIONS, INC.</b>					
Principal Place of Business <b>1114 KEMPTON CHASE PKWY ORLANDO, FL 32837</b>			Mailing Address <b>P.O. BOX 771177 ORLANDO, FL 32877</b>		
2. Principal Place of Business <b>1 Dondanville Rd.</b> Suite, Apt. #, etc. <b>120</b>		3. Mailing Address <b>PO BOX 861175</b> Suite, Apt. #, etc.			
City & State <b>St. Augustine, FL</b>		City & State <b>St. Augustine, FL</b>		4. FEI Number <b>59-3167042</b>	
Zip <b>32080</b>		Country <b>St. Johns</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GAY, JEFFRY 1114 KEMPTON CHASE PKWY ORLANDO, FL 32837</b>			7. Name and Address of New Registered Agent Name <b>GAY, Jeffry</b> Street Address (P.O. Box Number is Not Acceptable) <b>1 Dondanville Rd</b> <b>#120</b> City <b>St. Augustine</b> <b>FL</b> Zip Code <b>32080</b>		
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: <u><i>Jeffry Gay</i></u> <b>JEFFRY GAY</b> <u>2/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GAY, JEFFREY</b> <b>1114 KEMPTON CHASE PKWY</b> <b>OVIEDO, FL 32765</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>GAY, CONNIE J</b> <b>1114 KEMPTON CHASE PKWY</b> <b>OVIEDO, FL 32765</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
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: <u><i>Jeffry Gay</i></u> <b>JEFFRY GAY</b> <u>2/26/06</u> <u>407-227-2704</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					