

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057112

FILED
Jul 14, 2005
Secretary of State

Entity Name: DREAM'S LANDSCAPING, INC.

Current Principal Place of Business:

14 UTILITY DR #36
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 353847
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: 59-3284169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERARDO, ALFARO
102 FLORIDA PARK DR
PALMCOAST, FL 32137 US

Name and Address of New Registered Agent:

GERARDO, ALFARO
102 FLORIDA PARK DR.
PALMCOAST, FL 32137 US

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.

SIGNATURE:

07/14/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ALFARO, GERARDO
Address: 102 FLORIDA PARK DR
City-St-Zip: PALM COAST, FL

Title: DVPS () Delete
Name: GIMENEZ, VICTOR
Address: 2 COOPER CT
City-St-Zip: PALM COAST, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ALFARO, GERARDO
Address: PO BOX 350532
City-St-Zip: PALM COAST, FL 32135 US

Title: DVPS (X) Change () Addition
Name: GIMENEZ, VICTOR
Address: 2 COOPER CT
City-St-Zip: PALM COAST, FL 32137 US

Title: T () Change (X) Addition
Name: GIMENEZ, PAMELA E
Address: 2 COOPER CT.
City-St-Zip: PALM COAST, FL 32137 US

Title: VP () Change (X) Addition
Name: ALFARO, SORAYA F
Address: PO BOX 350532
City-St-Zip: PALM COAST, FL 32135 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: GERARDO ALFARO

PTD

07/14/2005

Electronic Signature of Signing Officer or Director

Date