2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057112

PO BOX 350532

PALM COAST, FL 32135 US

Address:

City-St-Zip:

FILED Sep 05, 2006 Secretary of State

Entity Name: DREAM'S LANDSCAPING, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
14 UTILITY PALM COA	DR #36 AST, FL 32137				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX 3 PALM COA	353847 AST, FL 32135	US			
FEI Number:	59-3284169	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	urrent Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
), ALFARO DA PARK DR. ST, FL 32137	US	GERARDO, ALFARO 12 ELDER DRIVE PALMCOAST, FL 32164	US	
The above in the State	named entity so of Florida.	ubmits this statement for the p	ourpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUR	RE: GERARDO) ALFARO		09/05/2006	
	Electroni	c Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () I ALFARO, GERAF PO BOX 350532 PALM COAST, F		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	DVPS () I GIMENEZ, VICTO 2 COOPER CT PALM COAST, F		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	T () I GIMENEZ, PAME 2 COOPER CT. PALM COAST, F		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	VP () I ALFARO, SORA	Delete ⁄A F	Title: () Name:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: PAMELA GIMENEZ 09/05/2006 Τ