

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057112

Entity Name: DREAM'S LANDSCAPING, INC.

FILED
Apr 06, 2007
Secretary of State

Current Principal Place of Business:

14 UTILITY DR #36
PALM COAST, FL 32137

New Principal Place of Business:

14 UTILITY DRIVE
UNIT #14
PALM COAST, FL 32137

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
12 ELDER DRIVE
PALMCOAST, FL 32164 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GERARDO ALFARO

PTD

04/06/2007

Electronic Signature of Signing Officer or Director

Date