

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000004569

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: BE A DREAMER PRODUCTIONS, INC.

## Current Principal Place of Business:

3111 W. DR. M. L. KING JR. BLVD  
100  
TAMPA, FL 33607 US

## New Principal Place of Business:

8302 BAHIA  
TAMPA, FL 33619 US

## Current Mailing Address:

P. O. BOX 892  
RIVERVIEW, FL 33568 US

## New Mailing Address:

FEI Number: 59-3052882      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, CAROLYN  
8302 BAHIA AVENUE  
TAMPA, FL 33619 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: PTDC ( ) Delete  
Name: KINSEY, ROSE W  
Address: 3111 W. DR. M. L. KING JR. BLVD STE 100  
City-St-Zip: TAMPA, FL 33607 US

Title: VSDM ( ) Delete  
Name: WILLIAMS, CAROLYN  
Address: 8302 BAHIA AVENUE  
City-St-Zip: TAMPA, FL 33619 US

Title: TRUS ( ) Delete  
Name: JONES, REV. ARTHUR T  
Address: 4811 EHRLICH ROAD  
City-St-Zip: TAMPA, FL 336242037

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN WILLIAMS

CEO

04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date