2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P95000036787** 04-25-2005 90222 010 ***150.00 1. Entity Name THE DREAM ZONE, INC. Principal Place of Business Mailing Address 20043238 414 N. MIRAMAR AVENUE 414 N. MIRAMAR AVENUE INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3319457 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HART-EPLETT, CHERYL T 414 N. Miramar Ave DO NOT WRITE 2937 S. HIGHWAY A1A MELBOURNE BEACH, FL 32951 Indialantic FL 32903 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE HART-EPLETT, CHERYL T NAME 414 N. Miramar Ave STREET ADDRESS MELBOURNE BEACH, PL 32951 Indialantic FL CITY-ST-ZIP TITLE NICHOLS, JAMIN A NAME 2007 S. HWY. MA- 414 N Miramor tuc STREET ADDRESS MELBOURNE BEACH, FL 32931 I Wialautic FL VD 32903 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NICHOLS, SHANA E NAME 2937 S. HWY: AIA 414 N. Miramal Ave STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

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NAME STREET ADDRESS CITY-ST-7IP

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