


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90222 010 ***150.00

DOCUMENT # P95000036787

1. Entity Name
THE DREAM ZONE, INC.



Principal Place of Business 414 N. MIRAMAR AVENUE INDIALANTIC, FL 32903 US	Mailing Address 414 N. MIRAMAR AVENUE INDIALANTIC, FL 32903 US
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20043238



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3319457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HART-EPLETT, CHERYL T
~~2937 S. HIGHWAY A1A~~ **414 N. Miramar Ave**
~~MELBOURNE BEACH, FL 32951~~ **Indialantic FL**
32903

DO NOT WRITE 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.

SIGNATURE *Cheryl T. Hart* DATE 4/20/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HART-EPLETT, CHERYL T 2937 S. HWY A1A 414 N. Miramar Ave MELBOURNE BEACH, FL 32951 Indialantic FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICHOLS, JAMIN A 2937 S. HWY A1A 414 N Miramar Ave MELBOURNE BEACH, FL 32951 Indialantic FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICHOLS, TEREN 2937 S. HWY A1A 414 N. Miramar Ave MELBOURNE BEACH, FL 32951 Indialantic FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICHOLS, SHANA E 2937 S. HWY A1A 414 N. Miramar Ave MELBOURNE BEACH, FL 32951 Indialantic FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *Cheryl T. Hart* DATE 4/20/05 321-729-9495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #