FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079783 (3)

DREAMALITY TECHNOLOGIES, INC. Principal Place of Business Mailing Address 7831 EARLWOOD AVENUE P.O. BOX 6 TANGERINE FL 32777 7831 EARLWOOD AVE. DO NOT WRITE IN THIS SPACE TANGERINE FL 32777 3. Date Incorporated or Qualified 10/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3351696 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 25 Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUNTER, STEPHEN F 7831 EARLWOOD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) TANGERINE FL 32777 83 **R4** Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or punited name of registerral agent and title if approable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition HUNTER, STEPHEN F NAME 1.2 NAME 7831 EARLWOOD AVENUE STREET ADDRESS 1.3 STREET ADDRESS **TANGERINE FL 32777** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change __ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELFTE TITLE 6.1 TITLE Addition Addition NAME 6.2 NAME

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

CICALATUDE.

STREET ADDRESS

CITY-ST-ZIP

Strong A. I.

4/25/98

FILED

May 06 1998 8:00am

Secretary of State