

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90057 003 \*\*\*158.75

**DOCUMENT # P96000047862**  
 1. Entity Name  
**DREAM HUNTERS & CREATIVE PEOPLE INCORPORATED**



Principal Place of Business: **1717 NORTH BAYSHORE DRIVE APT. 2851 MIAMI, FL 33132**  
 Mailing Address: **1717 NORTH BAYSHORE DRIVE APT. 2851 MIAMI, FL 33132**

**60008874**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

01252006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number: **65-0670050**  
 Applied For:  Not Applicable

Zip: Country

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**WATKINS PA, NICOLAS J**  
**504-501 BRICKELL KEY DRIVE**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**  
 Name: **SAUL H. SILVERMAN**  
 Street Address (P.O. Box Number is Not Acceptable): **2121 PONCE DE LEON BLVD. #1100**  
 City: **CORAL GABLES** FL Zip Code: **33134**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, GUSTAVO	
STREET ADDRESS	1717 NORTH BAYSHORE DR. APT. 2851	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **GUSTAVO SANCHEZ** Date: **JAN 24/06** Daytime Phone #: **305-530-4510**