2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 17, 2007 8:00 am Secretary of State 05-17-2007 90035 011 ***150.00

DOCUMENT # P96000051264 1. Entity Name DREAM BOAT, INC.					05-17-200	7 90035 011 ***1	50.00
Principal Plac C/O ATLANTI 645 E DANIA DANIA BEACI	A HOLDINGS Beach	645 E DANIA BEACH	C/O ATLANTIA HOLDINGS		1	### ## ###############################	1) []
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Numb 65-068			pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Ad	
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New	Registered Agent	
2312 WILT FORT LAU	MATTSON LANCE BLACKBU ON DR IDERDALE, FL 33305 named entity submits this statement lions of registered agent.		180 Fie Ft. Lau	Blackburn, Jr. esta Way derdale, FL 33 gistered agent, or bo		Zip Coo Norida. I am lamiliar with	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent signature	required when rainstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees			
10.	OFFICERS AND	 	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLACKBURN, JR A 645 E DANIA BEACH BLVD DANIA, FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV ECONOMOU, C 645 E DANIA BEACH BLVD DANIA, FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, J 645 E DANIA BEACH BLVD DANIA, FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORFIDIS, G 645 E DANIA BEACH BLVD DANIA, FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
	certify that the information suppried with on this report or supplemental eport poration or the receiver or ryster en or on an attachment with an artirese	th this filling does not qualify is trib and accurate and that powered to execute this repo with all other like empowere	for the exemptions con my signature shall have it as required by Chapt d.		9, Florida Statutes. ct as if made unde es; and that my nar	I further certify that the roath; that I am an office me appears in Block 10 o	information r or director or Block 11 if
SIGNAT	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	7	Date	Daytime Phone #	

THE DO