


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P97000031653 1. Entity Name DREAMSCAPES SPECIALITIES, INC. |  |
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|---|---|
| Principal Place of Business 3210 S.E. 19TH PLACE CAPE CORAL, FL 33904 | Mailing Address 3210 S.E. 19TH PLACE CAPE CORAL, FL 33904 |
|---|---|

DO NOT WRITE IN THIS SPACE



02212004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0747931 | Applied For Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SQUAREBRIGS, BRUCE 3210 S.E. 19TH PLACE CAPE CORAL, FL 33904 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000105962 04/07/04-80048-004 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPST SQUAREBRIGS, BRUCE 3210 S.E. 19TH PLACE CAPE CORAL, FL 33904 |
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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:  **Bruce Squarebrigs,**
President **2/26/04** **(239) 542-1164**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #