2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# P97000031653

Entity Name: DREAMSCAPES SPECIALITIES, INC.

Current Principal Place of Business:

2816 SW 29TH AVENUE
CAPE CORAL, FL 33914

New Principal Place of Business:

3210 SE 19TH PLACE
CAPE CORAL, FL 33904

Current Mailing Address:

2816 SW 29TH AVENUE
CAPE CORAL, FL 33914

New Mailing Address:

3210 SE 19TH PLACE
CAPE CORAL, FL 33904

FEI Number: 65-0747931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SQUAREBRIGS, BRUCE
2816 SW 29TH AVENUE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

SQUAREBRIGS, BRUCE
3210 SE 19TH PLACE
CAPE CORAL, FL 33904 US

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.

SIGNATURE: BRUCE E. SQUAREBRIGS 04/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: SQUAREBRIGS, BRUCE E
Address: 2816 SW 29TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: V ( ) Delete
Name: SQUAREBRIGS, ANNA M R
Address: 2816 SW 29TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SQUAREBRIGS, BRUCE E
Address: 3210 SE 19TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: V (X) Change ( ) Addition
Name: SQUAREBRIGS, ANNA M R
Address: 3210 SE 19TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE E SQUAREBRIGS PRES 04/16/2007
Electronic Signature of Signing Officer or Director Date