


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90036 034 ***150.00

| | |
|--|---|
| DOCUMENT # P97000040546 1. Entity Name DREAMLIFE CORPORATION |  |
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| Principal Place of Business 214 DUNBAR ROAD PALM BEACH, FL 33480 US | Mailing Address 249 ROYAL PALM WAY, SUITE 403 PALM BEACH, FL 33480 US 340 Royal Palm Way, Suite 100 Palm Beach, FL 33480 |
|---|--|

50026617



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03012005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0778052 | 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 HOUGH, JOHN H 4100 RCA BLVD 340 Royal Palm Way PALM BEACH GARDENS, FL 33480 Suite 100 Palm Beach, FL 33480 | |
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**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

| | |
|---|--------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST HOROWITZ, YVONNA M 214 DUNBAR ROAD PALM BEACH, FL 33480 |
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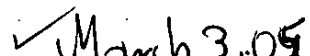
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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



Yvonna M. Horowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date

Day

March 3, 05
527-822-9939