


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00**  
**Secretary of State**


**DOCUMENT # P97000044769**

1. Entity Name  
**DREIMLENS, INC.**



Principal Place of Business <b>2000 S. PATRICK DR.          STE 5A          INDIAN HARBOUR BEACH, FL 32937</b>	Mailing Address <b>2000 S. PATRICK DR.          STE 5A          INDIAN HARBOUR BEACH, FL 32937</b>
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05032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3448893</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**REIM, THOMAS RUSSELL  
 3061 RIO PALMA N.  
 INDIALANTIC, FL 32903**

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

**FILE NOW!!! FEE IS \$550.00  
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

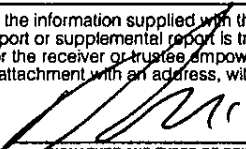
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P THOMAS R REIM 3061 RIO PALMA N. INDIALANTIC, FL 32903</b>
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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:**  **Thomas R. Reim** **3/3/07** **321-777-9735**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #