

P98000056229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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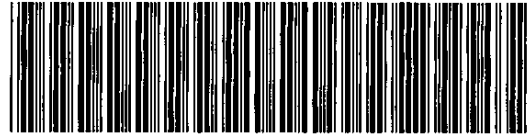
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 25 AM 9:07

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

DREAM MAKEE ART COMPANY
(Name of Corporation)

DOCUMENT NUMBER:

P98000056229

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL ISRAEL
(Name of Person)

(Name of Firm/Company)

16332 BRISTOL POINTE DR.
(Address)

DELRAY BEACH, FL 33446
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL ISRAEL at (561) 638-1000
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DREAM MAKE ART COMPANY
2. The principal office address: 16332 BEEBRIESTOL POINTE DR.
DELRAY BEACH, FL 33446
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/22/98 Document number: P98000056229

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

STEWART JACOBSON

A LAW OFFICE OF
STEWART JACOBSON, P.A.
950 SOUTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020-6024

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MICHAEL ISRAEL

16332 BEEBRIESTOL POINTE DR.

(P.O. Box NOT acceptable)

DELRAY BEACH, FL 33446

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]

(Signature of an officer or director)

MICHAEL ISRAEL, PRES

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]

(Signature of Registered Agent)

7/6/04

(Date)

If signing on behalf of an entity:

N/A

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314