

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90029 001 ***550.00

DOCUMENT # P98000078720					
1. Entity Name DREAMTHEME, INC.					
Principal Place of Business 4917 HARTFORD ST TAMPA, FL 33619			Mailing Address 4917 HARTFORD ST TAMPA, FL 33619		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3532470	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DODD, DAVID E SR 4917 HARTFORD ST TAMPA, FL 33619					
7. Name and Address of New Registered Agent					
Name <u>David Dodd Jr.</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>4917 5841 Bent Grass Dr</u>					
City <u>Valrico</u> FL Zip Code <u>33594</u>					
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 <u>[Signature]</u> DATE <u>6/20/06</u>					
(NOTE: Registered Agent signature required when reissuing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 PC	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME DODD, DAVID SR	TITLE President				
STREET ADDRESS 1315 ALHAMBRA	NAME Dodd, Elizabeth				
CITY-ST-ZIP APOLLO BEACH, FL 33572	STREET ADDRESS 1315 Alhambra				
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 files empowered.					
SIGNATURE: <u>[Signature]</u> DATE: <u>6/20/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50022137



01102006 Chg-P CR2E034 (11/05)