
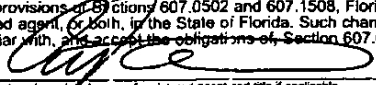


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90061 045 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000108341 1. Corporation Name PALM BEACH DREAM BUILDERS, INC. | | | | | |
| Principal Place of Business 11924 FOREST HILL BLVD. SUITE 22-297 WELLINGTON FL 33414 | | | Mailing Address 11924 FOREST HILL BLVD. SUITE 22-297 WELLINGTON FL 33414 | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | | | | | |
| 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country | | | | | |
| 3. Date Incorporated or Qualified 12/31/1998 | | | | | |
| 4. FEI Number 65-0890186 | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 9. Name and Address of Current Registered Agent SARRIA, JORGE 11924 FOREST HILL BLVD. SUITE 22-297 WELLINGTON FL 33414 | | | 10. Name and Address of New Registered Agent 81. Name Manuel Sarria 82. Street Address (P.O. Box Number is Not Acceptable) 11924 Forest Hill Blvd. 83. Suite 22-297 84. City Wellington FL 85. Zip Code 33414 | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE  | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE P <input checked="" type="checkbox"/> DELETE NAME SARRIA, JORGE STREET ADDRESS 11924 FOREST HILL BLVD. Suite 22-297 CITY-STATE-ZIP WELLINGTON FL 33414 | | | | | |
| TITLE P <input type="checkbox"/> DELETE NAME SARRIA, MANUEL STREET ADDRESS 11924 Forest Hill Blvd., Suite 22-297 CITY-STATE-ZIP Wellington, FL 33414 | | | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP | | | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP | | | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP | | | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP | | | | | |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP | | | | | |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP | | | | | |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP | | | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with a title like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99

(561) 795-0007

CR2E034 (11/98)