

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016550

FILED
Feb 18, 2005
Secretary of State

Entity Name: DREAMA BLOUNT'S INSURANCE, INC.

Current Principal Place of Business:

7425 HWY 301 S
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

7425 HWY 301 S
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 59-3558068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLOUNT, DREAMA F
7425 HWY 301 S
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

BLOUNT, DREAMA F
P.O. BOX 1649
HOMOSASSA SPRINGS, FL 34447 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

02/18/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLOUNT, DREAMA
Address: 12209 GLENHILL DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: V () Delete
Name: BLOUNT, JAMES V
Address: 12209 GLENHILL DR
City-St-Zip: RIVERVIEW, FL 33569

Title: S () Delete
Name: SANDOVAL, FELIPA
Address: 1611 MERADIAN STREET
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLOUNT, DREAMA
Address: 10235 W. HADLEY CT.
City-St-Zip: HOMOSASSA, FL 34448

Title: V (X) Change () Addition
Name: BLOUNT, JAMES V
Address: 10235 W. HADLEY CT.
City-St-Zip: HOMOSASSA, FL 34448

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DREAMA BLOUNT

Electronic Signature of Signing Officer or Director

PRES

02/18/2005

Date