

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025741

FILED
Apr 19, 2006
Secretary of State

Entity Name: LEDREAM CONSULTING, INC.

Current Principal Place of Business:

28000 SPANISH WELLS BLVD.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

3665 BONITA BEACH RD
STE 3
BONITA SPRINGS, FL 34134

Current Mailing Address:

28000 SPANISH WELLS BLVD.
BONITA SPRINGS, FL 34135

New Mailing Address:

3665 BONITA BEACH RD
STE 3
BONITA SPRINGS, FL 34134

FEI Number: 65-0921515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLURE ACCOUNTING, LLC
28000 SPANISH WELLS BLVD.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

ALLURE ACCOUNTING, LLC
3665 BONITA BEACH RD
STE 3
BONITA SPRINGS, FL 34134 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: MARENA LOEFFLER

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHOENMAKERS, JOACHIM
Address: 3106 E 6TH STREET
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DVP () Delete
Name: SCHOENMAKERS, CHRISTEL
Address: 3106 E. 6TH STREET
City-St-Zip: LEHIGH ACRES, FL 33972

Title: S () Delete
Name: SCHOENMAKERS, ISABEL
Address: 3106 E. 6TH STREET
City-St-Zip: LEHIGH ACRES, FL 33972

Title: T () Delete
Name: SCHOENMAKERS, OLIVER
Address: 3106 E. 6TH STREET
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Chapter 119, 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: ISABEL SCHOENMAKERS

S

04/19/2006

Electronic Signature of Signing Officer or Director

Date