

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045177

FILED
May 03, 2004
Secretary of State

Entity Name: DREAM WEAVER ENTERPRISES, INC.

Current Principal Place of Business:

423 5TH AVE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

423 5TH AVE
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 59-3578821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUBA, WILLIAM S
214 MARTIN STREET
INDIAN HARBOUR BEACH, FL 32937

Name and Address of New Registered Agent:

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

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HUBA, LEE B
Address: 214 MARTIN ST
City-St-Zip: INDIALANTIC, FL 32903

Title: DST () Delete
Name: HUBA, WILLIAM S
Address: 214 MARTIN ST
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LEE B. HUBA

DP

05/03/2004

Electronic Signature of Signing Officer or Director

_____ Date