2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000072921

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32836

COO () Delete LONDEREE, JAMES W

ORLANDO, FL 32819

1000 UNIVERSAL STUDIOS PLAZA. BLDG 22A#261

FILED Jan 04, 2007 Secretary of State

Entity Na	me: DREAM	FACTORY PRODUCTION, INC).			
Current P	rincipal Plac	e of Business:	New Prin	New Principal Place of Business:		
1000 UNIVERSAL STUDIOS PLAZA SUITE 261 ORLANDO, FL 32819			SUITE 218	1000 UNIVERSAL STUDIOS PLAZA SUITE 218 ORLANDO, FL 32819		
Current M	lailing Addre	ss:	New Mail	New Mailing Address:		
8035 BRIGHT CT ORLANDO, FL 32826				620 LOST GROVE CIRCLE WINTER GARDEN, FL 34787		
FEI Number	: 59-3593515	FEI Number Applied For()	FEI Number Not App	Dlicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
9421 TŔA ORLANDO	GORDON P.A DEPORT DRI D, FL 32827	VE US	ournose of changing	its registered office or registered agent, or both,		
	e of Florida.	Submitte time statement for the p	ourpose or onlinging	no registered emice of registered agent, or beat,		
SIGNATU						
	Electro	nic Signature of Registered Age	ent	Date		
Election Ca	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title:	CIGAGNA, MA 1000 UNIVER: ORLANDO, FL	SAL STUDIOS PLAZA . 32836) Delete	Title: Name: Address: City-St-Zip: Title:	VPD (X) Change () Addition		
Name: Address:	,	ULO HENRIQUE SAL STUDIOS PLAZA. BUDG 22A#261	Name: Address:	CIGAGNA, MARCOS PAULO 1000 UNIVERSAL STUDIOS PLAZA BUDG 22A#261		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32836

() Change () Addition

SIGNATURE: PAULO CIGAGNA PD 01/04/2007