## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V68336

Entity Name: DREAM COSMETICS, INC.

FILED Jan 08, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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ROUTE 612 E 465 CHALK LEVEL ROAD VERONA, VA 24482 US CHATHAM, VA 24531 US

Current Mailing Address: New Mailing Address:

963 LAUREL HILL RD 465 CHALK LEVEL ROAD VERONA, VA 24482 US CHATHAM, VA 24531 US

FEI Number: 59-3144221 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCORMICK, LINDA K 2060 CORMORANT DRIVE PALM HARBOR, FL 34683 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 Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 ROSHAK, CYNTHIA L
 Name:
 ROSHAK, CYNTHIA L

 Address:
 963 LAUREL HILL RD
 Address:
 465 CHALK LEVEL ROAD

City-St-Zip: VERONA, VA 24482 City-St-Zip: CHATHAM, VA 24531 US

Title: ST ( ) Delete Title: ( ) Change ( ) Addition Name: MCCORMICK, LINDA Name:

Address: 2060 CORMORANT DRIVE Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip:

Title: M () Delete Title: M (X) Change () Addition Name: ROSHAK, MICHAEL J Name: ROSHAK, MICHAEL J

Address: 963 LAUREL HILL RD. Address: 465 CHALK LEVEL ROAD City-St-Zip: VERONA, VA 24482 City-St-Zip: CHATHAM, VA 24531 US

Title: M () Delete Title: M (X) Change () Addition

Name:ULMER, DANIEL RName:ULMER, DANIEL RAddress:963 LAUREL HILL RD.Address:465 CHALK LEVEL ROADCity-St-Zip:VERONA, VA 24482City-St-Zip:CHATHAM, VA 24531 US

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: CYNTHIA ROSHAK P 01/08/2004