No. C 129416		Due no later than Jun 30, 2009		2. I	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DREAMS2REALITY, INC. ARLENE JOHNSTON PO BOX 43 ATHOL ID 83801			CODY JOHNSTON 2760 E SHOSHONE AVE ATHOL ID 83801 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busin		ess Addresses of I	President, Secretary, and Directors. Treas	surer (onti	ional)			
Office Held	Name	cos riddi cosco or i	Street or PO Address		ity	State	Country	Postal Code
SECRETARY ARLENE JOHNS		INSTON	2760 E. SHOSHONE AVE	A ⁻	THOL	ID	USA	83801
5. Organized Under the Laws of: ID C 129416		6. Annual Report must be signed.* Signature: Arlene Johnston Name (type or print): Arlene Johnston			Date: 04/16/2009 Title: Secretary			
Processed 04/16/2009 * Electronically provided signatures are accepted as original signatures.								