No. <b>C 166589</b>	2. Registered Agent and Address (NO PO BOX)					
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF	Annual Report Form  1. Mailing Address: Correct in this box if needed.  DREAMLAND ENDEAVORS, P.A.  3456 E 17TH STE 140  IDAHO FALLS ID 83406	CONNIE SETTLES 690 EAST 3RD NORTH SODA SPRINGS ID 83276  3. New Registered Agent Signature:*				
4. Corporations: Enter Names and Busine	 ess Addresses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY CONNIE SET	TLES 690 EAST 3RD NORTH	SODA SPRINGS	ID	USA	83276	
DIRECTOR CONNIE SET		SODA SPRING	ID	USA	83276	
PRESIDENT CONNIE SET	TLES 690 EAST 3RD NORTH	SODA SPRINGS	ID	USA	83276	
5. Organized Under the Laws of:  6. Annual Report must be signed.*						
ID	Signature: Robert Crandall		Date: 03/02/2009			
C 166589	Name (type or print): Robert Crandall		Title: Attorney			
Processed 03/02/2009	* Electronically provided signatures are accepted as original signatures.					