Form No. LLC 8

NEW HAMPSHIRE ANNUAL REPORT
SECRETARY OF STATE, CONCORD, NH

PLEASE TYPE OR PRINT IN INK

NAME OF LIMITED LIABILITY COMPANY
DREAM SHEET USA, LLC

AMENDMENT MUST BE FILED TO CHANGE NAME. SEE NOTE "A" ON REVERSE SIDE.

FEDERAL ID#	0	2	—	0	5	1	8	1	7	6
CORRECTED ID#	0	2	—	0	5	1	8	1	7	6

COMPLETE ADDRESS OF PRINCIPAL OFFICE:
12 COLBY RD
BLDG 3
LITCHFIELD, NH 03052

CORRECTION IN ABOVE ADDRESS:

FORMED UNDER THE LAWS OF:
STATE NH

COMPLETE INFORMATION AS OF JANUARY 1, 2003

NATURE OF BUSINESS IN NH:
DISTRUBUTOR OF GOODS AND ALL LAWFUL ACTS.

MANAGER(S)

MANAGER N/A
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

MANAGER
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

MANAGER
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

REGISTERED AGENT/REGISTERED OFFICE

REAL THEROUX
12 COLBY RD
BLDG 3
LITCHFIELD, NH 03052

REQUEST FORM LLC 2 TO CHANGE REGISTERED AGENT OR REGISTERED OFFICE. SEE NUMBER 1 ON REVERSE SIDE.

MEMBERS

IF THERE ARE NO MANAGERS, AT LEAST ONE MEMBER MUST BE LISTED.

MEMBER
REAL THEROUX
BUSINESS ADDRESS: NO. STREET
12 COLBY RD #3
TOWN/CITY STATE ZIP
LITCHFIELD N.H. 03052

MEMBER
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

IF THERE ARE ANY ADDITIONAL MANAGERS OR MEMBERS, PLEASE ATTACH ADDITIONAL SHEET.

TO BE SIGNED BY THE **MANAGER. IF NO MANAGER, MUST BE SIGNED BY A MEMBER.** (SEE NOTES ON REVERSE SIDE FOR ALTERNATIVE SIGNATURE.) I, **THE UNDERSIGNED DO HEREBY CERTIFY THAT** THE STATEMENTS ON THIS REPORT ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

MUST HAVE ORIGINAL SIGNATURE

SIGNATURE

TYPE OR PRINT NAME: REAL THEROUX

TITLE: MEMBER.

A $50.00 LATE FILING FEE IS DUE ON ALL REPORTS NOT RECEIVED ON OR BEFORE APRIL 15. (SEE INSTRUCTIONS.)

INFORMATION ON THIS REPORT SHALL BE AS OF JANUARY 1, 2003 FOR REPORT DUE APRIL 1, 2003

RECEIVED
JAN 30 2003
NEW HAMPSHIRE
SECRETARY OF STATE

349404 Not to be Filled in:
Date
Check No 1259
Amount 100.-

$100.00 REPORT FEE

$100.00 TOTAL DUE

DREAM SHEET USA, LLC
12 COLBY RD
BLDG 3
LITCHFIELD NH 03052-1033

INDICATE CHANGES IN ABOVE ANNUAL REPORT MAILING ADDRESS. **THIS COMPLETE FORM MUST BE SUBMITTED. DO NOT SEPARATE ANY PART OF THE FORM.**