2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State
03-04-2008 90019 041 ****61.25

DOCUMENT # N06000009896

1. Entity Name

THE DREAM SOCIETY, INC.

Principal Place of Business	Mailing Address
2758 E SQUIRREL CT IVERNESS FL 34452	2758 E SQUIRREL CT IVERNESS FL 34452

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4002 E Beck ct	2659 E. Gulf-to-lake Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.M.B. # 108
City & State: Inverness, Fl	City & State: Inverness, Fl
Zip: 34452 Country: USA	Zip: 34453 Country: U.S.A.

4. FEI Number: 20-5696029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICCARDI, TRICIA 2758 E SQUIRREL CT IVERNESS FL 34452	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Tricia Riccardi 1/22/08
Signature, typed or printed name, of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MIRANTI, VICKI 2758 E SQUIRREL CT IVERNESS FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RICCARDI, TRICIA 2758 E SQUIRREL CT IVERNESS FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCCRAINE, VICTORIA A 5110 W ANGUS DR BEVERLY HILLS FL 34465	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.S. Stephens, Terra 221 Hunting Lodge Dr Inverness, Fl 34453	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD NOTT, ANDY DR 8721 E HAMPTON POINT RD INVERNESS FL 34450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FAHERTY, JOSEPH 952 N SAVARY AVE INVERNESS FL 34453	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. D. Cohen, Bob 111 W. main st suite 207 Inverness, Fl 34450	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PERNICE, FRANCA 1000 PARKVIEW DR HALLENDALE FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.D. Michael C. Miranti 2758 E Squirrel ct Inverness, Fl 34452	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tricia Riccardi