2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 25, 2012
Secretary of State

DOCUMENT# N09000003950

Entity Name: DEBBIE'S DREAM FOUNDATION, INC.

Current Principal Place of Business:

6919 WEST BROWARD BLVD.
#309
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

6919 WEST BROWARD BLVD.
#309
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 90-0470243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZELMAN, DEBRA L
6919 WEST BROWARD BLVD.
#309
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: ZELMAN, DEBRA L
Address: 6919 WEST BROWARD BLVD. #309
City-St-Zip: PLANTATION, FL 33317

Title: VP
Name: MOSELLE, ROBIN S
Address: 6919 WEST BROWARD BLVD. #309
City-St-Zip: PLANTATION, FL 33317

Title: SEC
Name: ZELMAN, MADELYN
Address: 6919 WEST BROWARD BLVD. #309
City-St-Zip: PLANTATION, FL 33317

Title: TREA
Name: BRUCKNER, MITCHELL W
Address: 6919 WEST BROWARD BLVD. #309
City-St-Zip: PLANTATION, FL 33317

Title: TREA
Name: HERZFELD, MADELYN
Address: 6919 WEST BROWARD BLVD. #309
City-St-Zip: PLANTATION, FL 33317

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA L. ZELMAN PRES 02/25/2012

Electronic Signature of Signing Officer or Director — Date