

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007937

Entity Name: CYCLE 4 DREAMS, INC.

FILED  
Apr 29, 2012  
Secretary of State

**Current Principal Place of Business:**

6936 W. LINEBAUGH AVE  
SUITE 101  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

6936 W. LINEBAUGH AVE  
SUITE 101  
TAMPA, FL 33625

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOFFMAN, LAURA A  
6936 W. LINEBAUGH AVE  
SUITE 101  
TAMPA, FL 33625 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:                      HOFFMAN, LAURA A  
Address:                      6936 W. LINEBAUGH AVE  
City-St-Zip:                      TAMPA, FL 33625

Title:                      VP  
Name:                      INGLE, SHARON  
Address:                      11411 HARBOUR WAY #1622  
City-St-Zip:                      LARGO, FL 33774

Title:                      SEC  
Name:                      HOFFMAN, DANIEL  
Address:                      6936 W. LINEBAUGH AVE  
City-St-Zip:                      TAMPA, FL 33625

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: LAURA A HOFFMAN

PSD

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date