2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P05000099023

Entity Name: SEDONA DREAMS, INC.

Current Principal Place of Business:

501 E KENNEDY BLVD SUITE 1700
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

501 E KENNEDY BLVD SUITE 1700
TAMPA, FL 33602

New Mailing Address:

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

Name and Address of Current Registered Agent:

SHANNON, JEFFREY C
501 E KENNEDY BLVD SUITE 1700
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLER, CHARLES
Address: 1906 FLORESTA VIEW DR.
City-St-Zip: TAMPA, FL 33602

Title: VP ( ) Delete
Name: EVANS, DAVID
Address: 1300 PONDEROSA DR.
City-St-Zip: EVERGREEN, CO 80439

Title: S ( ) Delete
Name: HOPKINS, LIZ
Address: 400 N. ASHLEY DR. SUITE 2650
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete
Name: SHANNON, GINA
Address: 3160 LAKE ELLEN DR.
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA SHANNON T 03/17/2009

Electronic Signature of Signing Officer or Director — Date