2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N02000006805

Entity Name: ST. PETERSBURG DREAM CENTER, INC.

Current Principal Place of Business:

4359 35TH ST NORTH
SAINT PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

4359 35TH ST NORTH
SAINT PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 04-3642433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INFANZON, SAM
3301 58TH AVE, S., #509
ST PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

INFANZON, SAM
6632 68TH ST. N.
PINELLAS PARK, FL 33781 US

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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: SMYZER, ROGER
Address: 250 SIESTE LANE
City-St-Zip: LARGO, FL 33770

Title: T ( ) Delete
Name: LEDBETTER, DONALD
Address: 616 LAKE FOREST RD.
City-St-Zip: CLEARWATER, FL 33765

Title: P ( ) Delete
Name: INFANZON, SAMUEL
Address: 3301 58TH AVE. S, #509
City-St-Zip: ST. PETERSBURG, FL 33712

Title: M (X) Delete
Name: PRITTY, TIMOTHY
Address: 8798 91ST STREET N
City-St-Zip: SEMINOLE, FL 33777

Title: M ( ) Delete
Name: DUNN, RICHARD
Address: 11510 124TH TERRACE
City-St-Zip: LARGO, FL 33778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change ( ) Addition
Name: INFANZON, SAMUEL
Address: 6632 68TH ST. N.
City-St-Zip: PINELLAS PARK, FL 33781

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

SIGNATURE: SAMUEL INFANZON P 04/28/2009
Electronic Signature of Signing Officer or Director — Date