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

SIGNATURE: TIMOTHY C O'CARROLL

Electronic Signature of Signing Officer/Director Detail

PO BOX 881673 PORT SAINT LUCIE. FL 34988 US

Current Principal Place of Business:

FEI Number: 45-2555635

Current Mailing Address:

DOCUMENT# N11000005661

332 BAYSINGER AVE FORT PIERCE, FL 34982

Name and Address of Current Registered Agent:

O'CARROLL, TIMOTHY C 332 BAYSINGER AVE FORT PIERCE, FL 34982 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:

Officer/Director Detail :

Electronic Signature of Registered Agent

Title	P	Title	S
Name	O'CARROLL, TIMOTHY C	Name	ABBATE, LELA A
Address	332 BAYSINGER AVE	Address	5515 SILVER OAK DR.
City-State-Zip:	FORT PIERCE FL 34982	City-State-Zip:	FORT PIERCE FL 34982

above, or on an attachment with all other like empowered. 02/06/2018 PRESIDENT

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: DREAM CENTER TREASURE COAST, INC.

Certificate of Status Desired: No

Date

Feb 06, 2018 Secretary of State CC4731660165

FILED

Date