

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009713

Entity Name: DREAM IMAGING, INC.

Current Principal Place of Business:

1521 ALTON RD
#882
MIAMI BEACH, FL 33139

Current Mailing Address:

1521 ALTON RD
#882
MIAMI BEACH, FL 33139 US

FEI Number: 46-3490068

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAHLGREN, RYAN M
50 SOUTH POINTE DRIVE
SUITE 503
MIAMI BEACH, FL 33139 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name DAHLGREN, RYAN M
Address 1521 ALTON RD
#882
City-State-Zip: MIAMI BEACH FL 33139

Title CIO
Name DAHLGREN, BLAKE R
Address 15008 GAILLARDIA DRIVE
City-State-Zip: OKLAHOMA CITY OK 73142

Title TREASURER
Name GREDITZER, HARRY G
Address 100 MERIDIAN AVE, APT 213
City-State-Zip: MIAMI BEACH FL 33139

Title DIR
Name SCHAFFNER, KRISTI
Address 23 EAST EAGER STREET, STE 100
City-State-Zip: BALTIMORE MD 21202

Title DIR
Name DAHLGREN, ROGER
Address 15008 GAILLARDIA DRIVE
City-State-Zip: OKLAHOMA CITY OK 73142

Title DIR
Name DAHLGREN, KAREN
Address 15008 GAILLARDIA DRIVE
City-State-Zip: OKLAHOMA CITY OK 73142

Title ASST. SECRETARY
Name YUEN, WENDY
Address 12085 LAKE CYPRESS
CIR 210
City-State-Zip: ORLANDO FL 32828

Title SECRETARY
Name YUEN, ANNIE
Address 410 EAST 74TH ST
APT 4F
City-State-Zip: NEW YORK NY 10021

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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: RYAN DAHLGREN

CEO

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, TECHNOLOGY
Name KELLER, VICKIE
Address 1419 MAPLEWOOD ST
City-State-Zip: WARREN OH 44483-4165