

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009713

Entity Name: DREAM IMAGING, INC.**Current Principal Place of Business:**50 SOUTH POINTE DR
SUITE 507
MIAMI BEACH, FL 33139**Current Mailing Address:**50 SOUTH POINTE DR
SUITE 507
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 507
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	50 SOUTH POINTE DR SUITE 507
City-State-Zip:	MIAMI BEACH FL 33139

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

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

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

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

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

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

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date