

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001382

**Entity Name:** SUITCASES OF DREAMS INC.

**Current Principal Place of Business:**

630 PERDIDO DR  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

PO BOX 9194  
FLEMING ISLAND, FL 32006 US

**FEI Number:** 46-2015262

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS, PAMELA  
630 PERDIDO DR  
FLEMING ISLAND, FL 32003 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	PRESIDENT	Title	VP
Name	DAVIS, PAMELA	Name	LANGELUTTIG, DEBORAH
Address	630 PERDIDO DR	Address	205 NORTH ST
City-State-Zip:	FLEMING ISLAND FL 32003	City-State-Zip:	GREEN COVE SPRINGS FL 32043
Title	SECRETARY		
Name	BAKER, ELIZABETH		
Address	5785 CR 209 S		
City-State-Zip:	GREEN COVE SPRINGS FL 32043		

*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:** PAMELA DAVIS

PRESIDENT

04/26/2015

Electronic Signature of Signing Officer/Director Detail

Date