

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006952

Entity Name: DELIVER THE DREAM, INC.**Current Principal Place of Business:**3223 NW 10TH TERRACE
SUITE 602
FORT LAUDERDALE, FL 33309**Current Mailing Address:**3223 NW 10TH TERRACE
SUITE 602
FORT LAUDERDALE, FL 33309**FEI Number:** 65-0881619**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 WITHROW, PAUL
Address 3223 NW 10TH TERRACE SUITE 602
City-State-Zip: FORT LAUDERDALE FL 33309

Title STD
Name ZALEWSKI, DAVID
Address 851 W CYPRESS CREEK ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title CD
Name STONE, JUSTIN
Address 350 E. LAS OLAS BLVD., SUITE 1420
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name JORDAN, JOSHUA
Address 10 NORTH FEDERAL HIGHWAY
City-State-Zip: POMPANO BEACH FL 33062

Title CFO
Name PIPOLO, ALYSON
Address 11645 BELLE HAVEN DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name CIANO, CHRISTOPHER
Address 1340 CONCORD TERRACE
City-State-Zip: FT. LAUDERDALE FL 33323

Title DIRECTOR
Name COYLE, THOMAS JR.
Address 100 WEST CYPRESS CREEK ROAD
SUITE 700
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name CRONIN, RYAN
Address 6701 NORTH HIATUS ROAD
City-State-Zip: TAMARAC FL 33321

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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: ALYSON PIPOLO

CFO

01/16/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DEVINE, ELLEN
Address 4960 CONFERENCE WAY NORTH
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR
Name WEISSMARK, ELLIOT
Address 200 EAST LAS OLAS BLVD.
SUITE 1820
City-State-Zip: FT. LAUDERDALE FL 33301

Title OTHER
Name MORAN, PAT
Address P.O. BOX 340
City-State-Zip: OAKLEY UT 84055

Title DIRECTOR
Name EDWARDS, KELLY
Address 1301 INTERNATIONAL PARKWAY
SUITE 300
City-State-Zip: FT. LAUDERDALE FL 33323

Title DIRECTOR
Name WIENER, ALISON
Address 350 EAST LAS OLAS BLVD.
SUITE 1200
City-State-Zip: FT. LAUDERDALE FL 33301

Title OTHER
Name RUBIN-SILLS, HOLLY C
Address 4605 BAYBERRY LANE
City-State-Zip: TAMARAC FL 33319