2016 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: No

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

FILED Feb 02, 2016

Secretary of State

CC5279198494

Officer/Director Detail:

 Title
 CEO
 Title
 VC, OFFICER

 Name
 WITHROW, PAUL
 Name
 ZALEWSKI, DAVID

Address 3223 NW 10TH TERRACE SUITE 602 Address 851 W CYPRESS CREEK ROAD

City-State-Zip: FORT LAUDERDALE FL 33309 City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR Title DIRECTOR

Name STONE, JUSTIN Name JORDAN, JOSHUA

Address 401 E. LAS OLAS BLVD., SUITE 1100 Address 10 NORTH FEDERAL HIGHWAY

City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip: POMPANO BEACH FL 33062

City-State-Zip: FORT LAUDERDALE FL 33301

Title CFO Title CHAIRMAN, OFFICER

Name PIPOLO ALYSON Name CIANO, CHRISTOPHER

Name PIPOLO, ALYSON Name CIANO, CHRISTOPHER

Address 11645 BELLE HAVEN DRIVE Address 1340 CONCORD TERRACE

City-State-Zip: NEW PORT RICHEY FL 34654 City-State-Zip: FT. LAUDERDALE FL 33323

Title SECRETARY, TREASURER, OFFICER Title OTHER

Name PHILLIPS, KELLY Name MORAN, PAT

Address 1301 INTERNATIONAL PARKWAY Address 1224 NORTH OCEAN BLVD.

SUITE 300 City-State-Zip: GULF STREAM FL 33483

City-State-Zip: FT. LAUDERDALE FL 33323

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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

Electronic Signature of Signing Officer/Director Detail

CFO 02/02/2016

Date

Officer/Director Detail Continued:

OTHER Title Title

LOCKWOOD, SCOTT Name RUBIN-SILLS, HOLLY C Name

Address 1001 BAY ROAD UNIT 101A Address 5810 CORAL RIDGE DRIVE SUITE 300

City-State-Zip: VERO BEACH FL 33442

Title **DIRECTOR**

LESSNE, MICHAEL Name

401 EAST LAS OLAS BLVD. Address

SUITE 1000

City-State-Zip: FORT LAUDERDALE FL 33301

Title **DIRECTOR**

Name SCUTERO, VITO

5810 CORAL RIDGE DRIVE Address

SUITE 250

City-State-Zip: CORAL SPRINGS FL 33076

DIRECTOR

City-State-Zip: CORAL SPRINGS FL 33076

Title DIRECTOR

Name SCILEPPI, DAVID

Address 450 EAST LAS OLAS BLVD.

SUITE 1400

City-State-Zip: FORT LAUDERDALE FL 33301

Title **DIRECTOR**

Name MITCHELL, MICHAEL

Address 400 NORTH FEDERAL HIGHWAY

City-State-Zip: FORT LAUDERDALE FL 33301