

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000025147

**Entity Name:** DREAM DEVELOPMENT SOLUTIONS INC.

**Current Principal Place of Business:**

900 NE 2ND ST  
HALLANDALE, FL 33009

**Current Mailing Address:**

900 NE 2ND ST  
HALLANDALE, FL 33009 US

**FEI Number: 45-0702328**

**Certificate of Status Desired: Yes**

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

HALE, ALAN C  
900 NE 2ND ST  
HALLANDALE, FL 33009 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 P  
Name HALE, ALAN C  
Address 900 NE 2ND ST  
City-State-Zip: HALLANDALE FL 33009

Title V  
Name HALE, IAN C  
Address 2014 KELLY CREEK CIRCLE  
City-State-Zip: OVIEDO FL 32765

Title S  
Name HALE, SONIA V  
Address 2014 KELLY CREEK CIRCLE  
City-State-Zip: OVIEDO FL 32765

Title T  
Name SPRADLEY, TAMIA A  
Address P.O. BOX 847  
City-State-Zip: SAN MARCOS TX 78667

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ALAN C HALE**

**PRESIDENT**

**01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date