

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006266

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: DREAMS FRANCHISE CORPORATION

## Current Principal Place of Business:

2 SOUTH UNIVERSITY DRIVE  
SUITE 325  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

2 SOUTH UNIVERSITY DRIVE  
SUITE 325  
PLANTATION, FL 33324

## New Mailing Address:

FEI Number: 33-0405968      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREERE, DAVID M  
2 SOUTH UNIVERSITY DRIVE  
SUITE 325  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

GREENE, DAVID M  
2 SOUTH UNIVERSITY DRIVE  
SUITE 325  
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: DAVID M. GREENE

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TANNENBAUM, ROSS  
Address: 2 SOUTH UNIVERSITY DRIVE, STE 325  
City-St-Zip: PLANTATION, FL 33324

Title: ST ( ) Delete  
Name: GREENE, DAVID M  
Address: 2 SOUTH UNIVERSITY DRIVE, STE 325  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: LARSON, DALE  
Address: 2 SOUTH UNIVERSITY DRIVE, STE 325  
City-St-Zip: PLANTATION, FL 33324

Title: CD ( ) Delete  
Name: BATTISTONE, SAM  
Address: 2 SOUTH UNIVERSITY DRIVE, STE 325  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID M. GREENE

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date