

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006266

FILED  
Apr 27, 2011  
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:**

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

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

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: DAVID M GREENE

ST

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date