2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# F08000002710

Entity Name: DREAM MENTORS INTERNATIONAL, INC.

Current Principal Place of Business:

1819 WILD DUNES CIR.
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

1819 WILD DUNES CIR.
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 84-1635278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITHYMAN, CANDICE B.
1819 WILD DUNES CIR.
ORANGE PARK, FL 32065 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: CP ( ) Delete
Name: SMITHYMAN, ADAM C.
Address: 1819 WILD DUNES CIR.
City-St-Zip: ORANGE PARK, FL 32065

Title: VCTD ( ) Delete
Name: SMITHYMAN, CANDICE B.
Address: 1819 WILD DUNES CIR.
City-St-Zip: ORANGE PARK, FL 32065

Title: DS ( ) Delete
Name: HODGSON, DEBRA B.
Address: 213 LILYS WAY
City-St-Zip: WINCHESTER, VA 22602

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TR (X) Change ( ) Addition
Name: BROWN, JEFF CPA
Address: 175 E HAWTHORN PKWY SUITE 240
City-St-Zip: VERNON HILLS, IL 60061

Title: SEC ( ) Change (X) Addition
Name: CAMARILLO, LINDA
Address: 422 W AVENUE A
City-St-Zip: KINGSVILLE, TX 78363

Title: MEM ( ) Change (X) Addition
Name: CAMARILLO, FELIX
Address: 422 W AVENUE A
City-St-Zip: KINGSVILLE, TX 78363

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

SIGNATURE: CANDICE B. SMITHYMAN VCTD 07/09/2009

Electronic Signature of Signing Officer or Director — Date