2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
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:

420 COLLEGE DR.
SUITE 116
MIDDLEBURG, FL 32068

Current Mailing Address:

1819 WILD DUNES CIR.
ORANGE PARK, FL 32065

New Mailing Address:

420 COLLEGE DR.
SUITE 116
MIDDLEBURG, FL 32068

FEI Number: 84-1635278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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
Name: SMITHYMAN, ADAM C.
Address: 1819 WILD DUNES CIR.
City-St-Zip: ORANGE PARK, FL 32065

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

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

Title: SEC
Name: CAMARILLO, LINDA
Address: 422 W AVENUE A
City-St-Zip: KINGSVILLE, TX 78363

Title: MEM
Name: CAMARILLO, FELIX
Address: 422 W AVENUE A
City-St-Zip: KINGSVILLE, TX 78363

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: CANDICE B. SMITHYMAN VCTD 02/15/2011

Electronic Signature of Signing Officer or Director Date