

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J56541

FILED
Apr 22, 2009
Secretary of State

Entity Name: FLORIDA DREAM COMMUNITIES, INC.

Current Principal Place of Business:

2347 RADEN DRIVE
LAND O LAKES, FL 34639 US

New Principal Place of Business:

21410 PRESERVATION DRIVE
LAND O LAKES, FL 34638 US

Current Mailing Address:

PO BOX 1549
LAND O LAKES, FL 34639 US

New Mailing Address:

21410 PRESERVATION DRIVE
LAND O LAKES, FL 34638 US

FEI Number: 59-2836172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ROBERT D
21410 PRESERVATION DRIVE
LAND O' LAKES, FL 34638 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, ROBERT D.
Address: 21410 PRESERVATION DRIVE
City-St-Zip: LAND O' LAKES, FL 34638

Title: VP () Delete
Name: BROWN, STEPHEN A.
Address: 30171 HILLSIDE TERR.
City-St-Zip: SAN JUAN CAPSTRNO, CA

Title: S (X) Delete
Name: BROWN, SUSAN C MS.
Address: 3510 SWANS LANDING DRIVE
City-St-Zip: LAND O' LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BROWN, STEPHEN A.
Address: 128 W. PASEO DE CRISTOBAL
City-St-Zip: SAN CLEMENTE, CA 92672

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: ROBERT D. BROWN

PRES

04/22/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date