

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L10636

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: DUBSDREAD ENTERPRISES, INC.

## Current Principal Place of Business:

3471 RIVER GARDEN CIRCLE  
PENSACOLA, FL 32514 US

## New Principal Place of Business:

3471 RIVER GARDENS CIRCLE  
PENSACOLA, FL 32514 US

## Current Mailing Address:

37 MAIN STREET  
P.O. BOX 477  
COLD SPRING HARBOR, NY 117240477 US

## New Mailing Address:

FEI Number: 65-0164556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ISERMAN, JORDAN C  
3471 RIVER GARDEN CIRCLE  
PENSACOLA, FL 32514 US

## Name and Address of New Registered Agent:

ISERMAN, JORDAN C  
3471 RIVER GARDENS CIRCLE  
PENSACOLA, FL 32514 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: \_\_\_\_\_ 03/20/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ISERMAN, JORDAN M.,  
Address: 37 MAIN ST P O BOX 477 NA  
City-St-Zip: COLD SPRING HARBOR, NY 11724 US

Title: SD ( ) Delete  
Name: COSBAN EDITH,  
Address: 37 MAIN ST P O BOX 477 NA  
City-St-Zip: COLD SPRING HARBOR, NY 11724 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ISERMAN, JORDAN M.,  
Address: 37 MAIN ST P O BOX 477  
City-St-Zip: COLD SPRING HARBOR, NY 11724 US

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: JORDAN M. ISERMAN      PRES      03/20/2009  
Electronic Signature of Signing Officer or Director      Date