

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001732

FILED
Apr 21, 2007
Secretary of State

Entity Name: DREAM-MAKER MINISTRIES INC.

Current Principal Place of Business:

4601 LARADO PLACE
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

PO BOX 684
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 59-3455629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, PAUL F PRES.
4601 LARADO PLACE
ORLANDO, FL 32812 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 () Delete
Name: DAVIS, PAUL
Address: PO BOX 684
City-St-Zip: GOLDENROD, FL 32733

Title: SD () Delete
Name: ROBINSON, SCOTT
Address: 789 PARK MANOR DR.
City-St-Zip: ORLANDO, FL 32825

Title: MISS () Delete
Name: TORRES, ISAI
Address: 4601 LARADO PLACE
City-St-Zip: ORLANDO, FL 32812

Title: VP () Delete
Name: JOHNSON, CHRISTOPHER
Address: 4608 RIVER CLOSE BLVD.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: DAVIS, KARLA
Address: 4601 LARADO PLACE
City-St-Zip: ORLANDO, FL 32812

Title: MR (X) Change () Addition
Name: TORRES, ISAI
Address: 4601 LARADO PLACE
City-St-Zip: ORLANDO, FL 32812

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL F DAVIS II

PRES

04/21/2007

Electronic Signature of Signing Officer or Director

Date