2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2012
Secretary of State

DOCUMENT# N01000002398

Entity Name: DREAM CENTER OF LAKELAND, INC.

Current Principal Place of Business:

635 WEST 5TH STREET
LAKELAND, FL 338054372 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 93522
LAKELAND, FL 338043522 US

New Mailing Address:

FEI Number: 01-0686634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCBRIDE, DAN A
1401 GRIFFIN ROAD
LAKELAND, FL 33810 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
Name: MCBRIDE, DAN A
Address: 2459 LAUREL GLEN DR.
City-St-Zip: LAKELAND, FL 33803 US

Title: STD
Name: ENGLISH, DOUGLAS W
Address: 7105 ODONIEL LP W
City-St-Zip: LAKELAND, FL 33809 US

Title: D
Name: WALLACE, PAUL R
Address: 4040 STAFFORDSHIRE DR.
City-St-Zip: LAKELAND, FL 33809 US

Title: D
Name: BOYD, JIM
Address: 2752 BELLERIVE DR.
City-St-Zip: LAKELAND, FL 33803 US

Title: CD
Name: BLACKBURN, M. WAYNE
Address: 2209 MALACHITE DR.
City-St-Zip: LAKELAND, FL 33810 US

Title: D
Name: HARRISON, DENNIS
Address: 2465 LAUREL GLEN DR
City-St-Zip: LAKELAND, FL 33803 US

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: DOUGLAS W. ENGLISH STD 02/27/2012

Electronic Signature of Signing Officer or Director — Date