

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # N02000006805

1. Entity Name
ST. PETERSBURG DREAM CENTER, INC.



Principal Place of Business
4359 35TH ST NORTH
SAINT PETERSBURG, FL 33714

Mailing Address
4359 35TH ST NORTH
SAINT PETERSBURG, FL 33714



DO NOT WRITE IN THIS SPACE

07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 04-3642433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

INFANZON, SAM
3301 58TH AVE, S., #509
ST PETERSBURG, FL 33712

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	FLECK, RICHARD
STREET ADDRESS	6500 SUNSET WAY #521
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706

TITLE	S
NAME	GILLIS, THOMAS
STREET ADDRESS	7126 13TH ST N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702

TITLE	P
NAME	INFANZON, SAMUEL
STREET ADDRESS	3301 58TH AVE. S, #509
CITY-ST-ZIP	ST. PETERSBURG, FL 33712

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/10/07-80017-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Fleck **RICHARD FLECK**

5 July 07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #