2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007112

FILED Apr 20, 2011 Secretary of State

Entity Name: CENTRAL FLORIDA DREAM CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

540 PECAN AVENUE SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

PO BOX 1385 SANFORD, FL 32772

FEI Number: 74-3062326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENJAMIN, PAUL SR. 540 PECAN AVENUE SANFORD, FL 32771 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: BENJAMIN, PAUL R SR Address: 540 PECAN AVE City-St-Zip: SANFORD, FL 32771

Title: VP

Name: FREDERICK, WILSON Address: 540 PECAN AVE City-St-Zip: SANFORD, FL 32771

Title:

Name: TAMMY, ABRAMSON Address: 540 PECAN AVE City-St-Zip: SANFORD, FL 32771

Title: DS

 Name:
 AL, HASLAM

 Address:
 540 PECAN AVE

 City-St-Zip:
 SANFORD, FL 32771

Title: DT

Name: ANDERSON, AL
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: VP

 Name:
 BARBOSA, ANTONIO

 Address:
 540 PECAN AVE

 City-St-Zip:
 SANFORD, FL 32771

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: PAUL BENJAMIN P 04/20/2011