## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010536

City-St-Zip:

ST AUGUSTINE, FL 32095

FILED Apr 18, 2009 Secretary of State

Entity Name: FISHING FOR DREAMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 3424 OLD MOULTRIE ROAD ST AUGUSTINE, FL 32086 US **Current Mailing Address: New Mailing Address:** 3424 OLD MOULTRIE ROAD ST AUGUSTINE, FL 32086 US FEI Number: 20-0113829 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: PACETTI, W SCOTT 136 MALÁGA STREET ST AUGUSTINE, FL 32084 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TILLMAN, CHERYL Name: Name: Address: 3424 OLD MOULTRIE RD Address: City-St-Zip: ST AUGUSTINE, FL 32086 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VAUGHN, LARRY Name: Address: 1 MADIERA ST Address: City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: Title: SEC ( ) Delete Title: () Change () Addition ANDERSON, MARY SUE Name: Name: Address: 560 LAKESHORE DRIVE Address:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHERYL TILLMAN P 04/18/2009