2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001123

Entity Name: DREAMFINDER FARMS, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
6931 SW 58 DAVIE, FL	8TH COURT 33314				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
6931 SW 58 DAVIE, FL	8TH COURT 33314				
FEI Number:	14-1903787	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:					
4801 S. ÚN ATRIUM CE FT. LAUDE	RDALE, FL 3	RIVE 33328 US	rpose of changing its registe	red office or registered agent, or both,	
SIGNATURE:					
	Electror	nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HALEY, PATRIO 6931 SW 58TH DAVIE, FL 333	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () TOMSEY, CAN 4776 SW 72ND DAVIE, FL 333	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () HALEY, BETTY 914 NW 13TH A DANIA BCH, FL	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () BROWN, ELIZA 8730 ARROWH LAKE WORTH,	EAD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () PENCE, MARY 7591 SW 39TH DAVIE, FL 333		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BM () JOHNSON, CYI 39 MC 3046 YELLVILLE, AR		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: PATRICIA A. HALEY P 04/30/2007