


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90423 019 ****61.25

DOCUMENT # N05000007399	
1. Entity Name PIGLET'S DREAM FUND OF FLORIDA, INC.	

Principal Place of Business 1170 MALABAR RD S E PALM BAY, FL 32909	Mailing Address 3682 WICKHAM RD STE B1-202 MELBOURNE, FL 32935
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40076858



2. Principal Place of Business 1170 Malabar Rd. S.E.	3. Mailing Address 3682 Wickham Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite B1-202
City & State Palm Bay, Florida	City & State Melbourne, Florida
Zip 32909	Country U.S.A.
Zip 32935	Country U.S.A.

04282006 Chg-NP CR2E037 (4/06)

4. FEI Number 13-4332136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRAVEN, GREG 3682 WICKHAM RD STE B1-202 MELBOURNE, FL 32935	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWLER, SAVANNAH CEO 2123 OLD SPARTANBURG RD STE #108 GREER, SC 29650 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVESTRI, SEAN CFO 2123 OLD SPARTANBURG RD STE #108 GREER, SC 29650 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.F.O. Silvestri, Sean 144 D Harbison Blvd., Suite #149 Columbia, S.C. 29212-2204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAVEN, GREG 3682 WICKHAM RD STE B1-202 MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sean O. Silvestri, C.F.O. 28 Apr 06 (803) 8736313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #