

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008449

FILED
Jun 28, 2009
Secretary of State

Entity Name: PILLAR OF DREAMS, INC.

Current Principal Place of Business:

4910 14TH STREET WEST, STE. 202
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

4910 14TH STREET WEST, STE. 202
BRADENTON, FL 34207

New Mailing Address:

15915 29TH ST E
PARRISH, FL 34219

FEI Number: 22-3940968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DPS () Delete
Name: BROWN, JOHN W.
Address: 4910 14TH STREET WEST, STE. 202
City-St-Zip: BRADENTON, FL 34207

Title: DVT () Delete
Name: BROWN, KIMBERLY J.
Address: 4910 14TH STREET WEST, STE. 202
City-St-Zip: BRADENTON, FL 34207

Title: D () Delete
Name: BERGMAN, STEWART
Address: 4910 14TH STREET WEST, STE. 202
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BERGMANN, STEWART
Address: 4910 14TH STREET WEST, STE. 202
City-St-Zip: BRADENTON, FL 34207

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: KIMBERLY J. BROWN

DVT

06/28/2009

Electronic Signature of Signing Officer or Director

Date