2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State
03-04-2008 90019 041 ****61.25

DOCUMENT # N06000009896

1. Entity Name
THE DREAM SOCIETY, INC.

Principal Place of Business	Mailing Address
2758 E SQUIRREL CT IVERNESS FL 34452	2758 E SQUIRREL CT IVERNESS FL 34452

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4002 E Beck St	2659 E. Gulf to Lake Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.M.B. # 108
City & State: Inverness, Fl	City & State: Inverness, Fl
Zip: 34452 / Country: USA	Zip: 34453 / Country: U.S.A.

4. FEI Number 20-5696029 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICCARDI, TRICIA 2758 E SQUIRREL CT IVERNESS FL 34452	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Tricia Riccardi — 1/22/08
Signature, typed or printed name, of registered agent and title if applicable. (NOTE: Registered Agent signature required when consenting) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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	DC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MIRANTI, VICKI	NAME	
STREET ADDRESS	2758 E SQUIRREL CT	STREET ADDRESS	
CITY-ST-ZIP	IVERNESS FL 34452	CITY-ST-ZIP	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RICCARDI, TRICIA	NAME	
STREET ADDRESS	2758 E SQUIRREL CT	STREET ADDRESS	
CITY-ST-ZIP	IVERNESS FL 34452	CITY-ST-ZIP	
TITLE	DS ☒ Delete	TITLE	D.S. ☒ Change ☒ Addition
NAME	MCCRAINE, VICTORIA A	NAME	Stephens, Terra
STREET ADDRESS	5110 W ANGUS DR	STREET ADDRESS	221 Hunting Lodge Dr
CITY-ST-ZIP	BEVERLY HILLS FL 34465	CITY-ST-ZIP	Inverness, Fl 34453
TITLE	VCD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NOTT, ANDY DR	NAME	
STREET ADDRESS	8721 E HAMPTON POINT RD	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	CITY-ST-ZIP	
TITLE	TD ☒ Delete	TITLE	T.D. ☒ Change ☒ Addition
NAME	FAHERTY, JOSEPH	NAME	Cohen, Bob
STREET ADDRESS	952 N SAVARY AVE	STREET ADDRESS	111 W. main st suite 207
CITY-ST-ZIP	INVERNESS FL 34453	CITY-ST-ZIP	Inverness, Fl 34450
TITLE	VD ☒ Delete	TITLE	V.D. ☐ Change ☒ Addition
NAME	PERNICE, FRANCA	NAME	Michael C. Miranti
STREET ADDRESS	1000 PARKVIEW DR	STREET ADDRESS	2758 E Squirrel ct
CITY-ST-ZIP	HALLENDALE FL 33009	CITY-ST-ZIP	Inverness, Fl 34452

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Tricia Riccardi