

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012421

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: DREAMMAKERS FOR LIFE, INC.

**Current Principal Place of Business:**

4701 NW 30TH STREET  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

4701 NW 30TH STREET  
COCONUT CREEK, FL 33063

**New Mailing Address:**

FEI Number: 20-8774463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROGERS, JAN M  
4701 NW 30TH STREET  
COCONUT CREEK, FL 33063 US

**Name and Address of New Registered Agent:**

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: D ( ) Delete  
Name: ROGERS, JAN M  
Address: 4701 NW 30TH STREET  
City-St-Zip: COCONUT CREEK, FL 33063

Title: D ( ) Delete  
Name: PLEASANT, MICHELLE R  
Address: 4701 N.W. 30TH STREET  
City-St-Zip: COCONUT CREEK, FL 33063

Title: D ( ) Delete  
Name: TURNER, LAUREN R  
Address: 15620 MARCELLO CIRCLE  
City-St-Zip: NAPLES, FL 34110

**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: TURNER, LAUREN R  
Address: 1662 DOUBLE EAGLE TRAIL  
City-St-Zip: NAPLES, FL 34120

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: JAN M ROGERS

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date