

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001845

FILED
Apr 10, 2009
Secretary of State

Entity Name: DELIVERING DREAMS, INC.

Current Principal Place of Business:

3208 SE 23RD AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

3208 SE 23RD AVE
OCALA, FL 34471

New Mailing Address:

FEI Number: 39-2050096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDDLESTON, ELLEN
3208 SE 23RD AVE
OCALA, FL 34471 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: HUDDLESTON, ELLEN
Address: 3208 SE 23RD AVE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: COATES, LENIA
Address: 3218 SE 23RD AVE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: MCLAVY, SCOTT
Address: 2023 LAUREL RUN DRIVE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: BURNS, JASON
Address: 2023 LAUREL RUN DRIVE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: PEGGYANN, SOUCY
Address: 3304 SE 32ND COURT
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ELLEN HUDDLESTON

D

04/10/2009

Electronic Signature of Signing Officer or Director

Date