

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004092

FILED
Mar 21, 2009
Secretary of State

Entity Name: OWN YOUR DREAM HOME 1-2-3 FOUNDATION, INC.

Current Principal Place of Business:

150 CRANES ROOST BLVD, SUITE 2250
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

150 CRANES ROOST BLVD
SUITE 2250
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

150 CRANES ROOST BLVD, SUITE 2250
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

150 CRANES ROOST BLVD
SUITE 2250
ALTAMONTE SPRINGS, FL 32701

FEI Number: 51-0674690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SACKMAN III, DAVID W P.A.
431 TIMBER RIDGE DR
LONGWOOD, FL 32779 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: DAVID W SACKMAN III, P.A.

03/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, ANDREW R.
Address: 2250 CRANES ROOST BLVD, SUITE 2250
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD (X) Delete
Name: GUENTHER, ERICA M
Address: 2413 AVENUE C
City-St-Zip: BRADENTON BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, ANDREW R. R
Address: 2250 CRANES ROOST BLVD, SUITE 2250
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: ANDREW R BROWN

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date