2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001671

City-St-Zip:

PORT ST. LUCIE, FL 34983

FILED Jan 22, 2009 Secretary of State

Entity Name: EVERY DREAM HAS A PRICE INC.						
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
2179 10TH VERO BEA	IAVE. ACH, FL 32960	1				
Current M	ailing Addres	s:	New Mailing Address:			
2179 10TH VERO BEA	1 AVE. ACH, FL 32960	1				
FEI Number:	: 80-0147808	FEI Number Applied For()	FEI Number Not App	icable () Certificate of Sta	atus Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered	Agent:	
2179 10TH	ILIANNE R I AVE. ACH, FL 32960	US				
	named entity s e of Florida.	ubmits this statement for the p	purpose of changing i	ts registered office or registere	ed agent, or both,	
SIGNATUR	RE:					
	Electron	c Signature of Registered Ag	ent	Date		
OFFICERS	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS	AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () PRICE, JULIANI 414 CONCHA D SEBASTIAN, FL	RIVE	Title: Name: Address: City-St-Zip:	P (X) Change () Additi PRICE, JULIANNE R 2179 10TH AVE. VERO BEACH, FL 32960	on	
Title: Name: Address: City-St-Zip:	VP, () WITHEROW, DI 2345 14TH AVE VERO BEACH, I	NUE	Title: Name: Address: City-St-Zip:	()Change ()Additi	on	
Title: Name: Address: City-St-Zip:	D () TELESE, JOSEI 2345 14TH AVE VERO BEACH, I	NUE	Title: Name: Address: City-St-Zip:	()Change ()Additi	on	
Title: Name: Address: City-St-Zip:	s: 4735 43RD AVENUE		Title: Name: Address: City-St-Zip:	()Change ()Additi	on	
Title: Name:	D () DRAMIS, JOEL 397 N.F. GLADI	Delete	Title: Name:	D (X) Change () Additi LALLY, MICHAEL 6650 3RD PL SW	on	

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.

City-St-Zip:

VERO BEACH, FL 32968

SIGNATURE: JULIANNE PRICE Ρ 01/22/2009