2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

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Entity Name: CHRISTMAS DREAMS, INCORPORATED

Current Principal Place of Business:

5325 PEN AVE.
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

5325 PEN AVE.
SANFORD, FL 32773

New Mailing Address:

FEI Number: 35-2355489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAYER, LEEANN
5325 PEN AVE.
SANFORD, FL 32773 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: MR
Name: DIXON, JEFF
Address: P.O. BOX 9519958
City-St-Zip: LAKE MARY, FL 32795

Title: MS
Name: STAYER, LEEANN
Address: 5325 PEN AVE.
City-St-Zip: SANFORD, FL 32773

Title: MR
Name: PIPER, DAVID
Address: 104 THIRD AVENUE E
City-St-Zip: WINDERMERE, FL 34786

Title: MR
Name: SIMMONDS, MICHAEL
Address: 197 MORNING GLORY DR
City-St-Zip: DELTONA, FL 32746

Title: MR
Name: ISRAEL, RICHARD
Address: 13616 HIDDEN FOREST CIR
City-St-Zip: ORLANDO, FL 32828

Title: MR
Name: JOHNSON, LEROY
Address: 5348 CARTER RD.
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: LEEANN STAYER MS. 02/08/2012
Electronic Signature of Signing Officer or Director Date