

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001523

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** DREAM WITH YOUR EYES OPEN FOUNDATION INC

**Current Principal Place of Business:**

1804 N. UNIVERSITY DRIVE  
A  
PLANTATION, FL 33322 US

**New Principal Place of Business:**

1751 NORTH UNIVERSITY DRIVE  
PLANTATION, FL 33322 US

**Current Mailing Address:**

1804 N. UNIVERSITY DRIVE  
A  
PLANTATION, FL 33322 US

**New Mailing Address:**

1751 NORTH UNIVERSITY DRIVE  
PLANTATION, FL 33322 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

HAPIROK INC.  
2080 NW 78TH AVENUE  
SUNRISE, FL 33322 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: CEO  
Name: ROWE, STACY-ANN N  
Address: 2080 NW 78TH AVENUE  
City-St-Zip: SUNRISE, FL 33322 US

Title: COO  
Name: ROWE, PETA-ANN C  
Address: 2080 NW 78TH AVENUE  
City-St-Zip: SUNRISE, FL 33322 US

Title: CFO  
Name: ROWE, GLADSTON  
Address: 2080 NW 78TH AVENUE  
City-St-Zip: SUNRISE, FL 33322 US

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: STACY-ANN ROWE

CEO

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date