## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005631

FILED Jan 04, 2008 Secretary of State

**Entity Name:** CHRISTMAS DREAM MACHINE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 109 SE PRICE CREEK LOOP LAKE CITY, FL 32025 **Current Mailing Address: New Mailing Address:** 109 SE PRICE CREEK LOOP LAKE CITY, FL 32025 FEI Number: 59-3014396 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JENKINS, MEALLY 109 SE PRICE CREEK LOOP LAKE CITY, FL 32025 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JENKINS, MEALLY Name: Name: 109 SE PRICE CREEK LOOP Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: Title: () Delete () Change () Addition Name: COKER, LORI Name: Address: 707 W HAMILTON ST Address: City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: Title: () Delete Title: () Change () Addition CISCO, MARILYN Name: Name: P O BOX 2327 N/A Address: Address: City-St-Zip: LAKE CITY, FL 32056 City-St-Zip: ( ) Delete Title: Title: () Change () Addition STAFFORD, JANET Name: Name: 154 SE ALDINE FEAGLE DR. Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: Title: () Delete () Change () Addition WILLIAMS, RUBY Name: Name: 364 SE ANDREW DR Address: Address: City-St-Zip: LAKE CITY, FL 32025 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: MEALLY JENKINS D 01/04/2008