2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N93000005631

Entity Name: CHRISTMAS DREAM MACHINE, INC.

Current Principal Place of Business:

109 SE PRICE CREEK LOOP
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

109 SE PRICE CREEK LOOP
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 59-3014396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENKINS, MEALLY
109 SE PRICE CREEK LOOP
LAKE CITY, FL 32025 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: D ( ) Delete
Name: JENKINS, MEALLY
Address: 109 SE PRICE CREEK LOOP
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete
Name: COKER, LORI
Address: 707 W HAMILTON ST
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: CISCO, MARILYN
Address: P O BOX 2327 N/A
City-St-Zip: LAKE CITY, FL 32056

Title: D ( ) Delete
Name: STAFFORD, JANET
Address: 154 SE ALDINE FEAGLE DR.
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete
Name: WILLIAMS, RUBY
Address: 364 SE ANDREW DR
City-St-Zip: LAKE CITY, FL 32025

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MORAN, SHERRY
Address: 145 SE LILLIAN LOOP APT 102
City-St-Zip: LAKE CITY, FL 32025

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 02/12/2009
Electronic Signature of Signing Officer or Director — Date