2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N96000002770

Entity Name: THE FOUNDATION FOR DREAMS, INC.

Current Principal Place of Business:

3938 SW 64 EAST
BRADENTON, FL 34208

New Principal Place of Business:

3938 SR 64 EAST
BRADENTON, FL 34208

Current Mailing Address:

519 13TH STREET WEST
BRADENTON, FL 34205

New Mailing Address:

3938 SR 64 EAST
BRADENTON, FL 34208

FEI Number: 65-0704986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULOCK, EDWIN T
519 13TH STREET WEST
BRADENTON, FL 34205 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: P ( ) Delete
Name: ROMINES, ANDREW
Address: 7359 MERCHANT CT
City-St-Zip: SARASOTA, FL 34202

Title: V ( ) Delete
Name: MILLER, WALTER
Address: 6516 23RD AVE W
City-St-Zip: BRADENTON, FL 34209

Title: VD ( ) Delete
Name: HAGER, DAN
Address: 2811 MANATEE AVE W
City-St-Zip: BRADENTON, FL 34205 US

Title: STD ( ) Delete
Name: LOZANO, PAM
Address: 353 SUWANEE AVENUE
City-St-Zip: SARASOTA, FL 34243

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:

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: ANDREW ROMINES PRES 01/16/2009
Electronic Signature of Signing Officer or Director — Date