

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

05-18-2007 90021 016 ****61.25

DOCUMENT # N96000005061

1. Entity Name
DREAMS AND VISIONS INTERNATIONAL, INC.



Principal Place of Business
**C/O STEPHANIE JOHNSON
10619 W ATLANTIC BLVD, SUITE 233
CORAL SPRINGS, FL 33071**

Mailing Address
**C/O STEPHANIE JOHNSON
10619 W ATLANTIC BLVD, SUITE 233
CORAL SPRINGS, FL 33071**

66021862



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0721410

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SELF, DAVID C II
400 AUSTRALIAN AVE S, SUITE 700
WEST PALM BEACH, FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
JOHNSON, STEPHANIE
STREET ADDRESS **10619 W ATLANTIC BLVD, SUITE 233**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
JOHNSON, LINVILLE
STREET ADDRESS **10619 W ATLANTIC BLVD, SUITE 233**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
DEMETRIUS, SUZETTE
STREET ADDRESS **4400 NW 99TH AVE**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **ANTHONY NEWBOLD**
STREET ADDRESS **5664 NW 101st DRIVE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**
Director

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/30/07