

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006952

FILED
Jan 12, 2012
Secretary of State

Entity Name: DELIVER THE DREAM, INC.

Current Principal Place of Business:

3223 NW 10TH TERRACE
SUITE 602
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3223 NW 10TH TERRACE
SUITE 602
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0881619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: WITHROW, PAUL
Address: 3223 NW 10TH TERRACE SUITE 602
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: STD
Name: ZALEWSKI, DAVID
Address: 851 W CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: CD
Name: STONE, JUSTIN
Address: 350 E. LAS OLAS BLVD., SUITE 1420
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D
Name: LUTES, WILLIAM
Address: 900 SE 3RD AVENUE, SUITE 201
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D
Name: JORDAN, JOSHUA
Address: 10 NORTH FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062

Title: CFO
Name: PIPOLO, ALYSON
Address: 11645 BELLE HAVEN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

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: ALYSON PIPOLO

CFO

01/12/2012

Electronic Signature of Signing Officer or Director

Date