

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000040743

Entity Name: DREAM DOORS, INC.

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5220 SHAD RD  
#201  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

5220 SHAD RD  
#201  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 14-1861349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHEFFIELD, MICHAEL  
1214 S. KYLE WAY  
JACKSONVILLE, FL 32259 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SHEFFIELD, MICHAEL L MR.  
Address: 5220 SHAD RD STE 201  
City-St-Zip: JACKSONVILLE, FL 32257

Title: DT  
Name: SHEFFIELD, LESLIE S MRS.  
Address: 5220 SHAD RD STE 201  
City-St-Zip: JACKSONVILLE, FL 32257

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL L. SHEFFIELD

PRES

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date