## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000106878

P.O. BOX 3256

SEMINOLE, FL 33775

Address: City-St-Zip:

Entity Name: C. DREAM MANAGEMENT, INC.

FILED Jan 08, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 17105 GULF BOULEVARD NORTH REDINGTON BEACH, FL 33708 **Current Mailing Address: New Mailing Address:** 17105 GULF BOULEVARD NORTH REDINGTON BEACH, FL 33708 FEI Number: 03-0484920 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LIMROTH, ELIZABETH S 17105 GULF BOULEVARD, OFFICE NORTH REDINGTON BEACH, FL 33708 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: TRFA (X) Change ( ) Addition FAIRFIELD, DOLORES J Name: Name: FAIRFIELD, DOLORES J 7974 SAILBOAT KEY BLVD., UNIT 705 7974 SAILBOAT KEY BLVD., UNIT 705 Address: Address: City-St-Zip: S. PASADENA, FL 33707 City-St-Zip: S. PASADENA, FL 33707 Title: Title: ( ) Delete (X) Change ( ) Addition Name: LIMROTH, ELIZABETH S Name: LIMROTH, ELIZABETH S 8087 140TH STREET N. 8087 140TH STREET N. Address: Address: SEMINOLE, FL 33776 SEMINOLE, FL 33776 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition MASCALI, CHARLES R Name: Name: 28 OLD BRIDGE ROAD Address: Address: BROOKFIELD, CT 06804 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: VΡ (X) Change ( ) Addition MASCALI, RICHARD MASCALI, RICHARD Name: Name: Address: 14078 LAVANTE COURT Address: 14078 LAVANTE COURT City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: Title: (X) Change ( ) Addition ( ) Delete PRES SOUTHWORTH, A.M. Name: Name: SOUTHWORTH, A.M.

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

Address:

City-St-Zip:

P.O. BOX 3256

SEMINOLE, FL 33775

SIGNATURE: ELIZABETH S LIMROTH SEC 01/08/2008