2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106878

Title:

Name:

Address:

City-St-Zip:

PRES

() Delete

SOUTHWORTH, A.M.

SEMINOLE, FL 33775

P.O. BOX 3256

Entity Name: C. DREAM MANAGEMENT, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
17105 GULF BOULEVARD NORTH REDINGTON BEACH, FL 33708				OFFICE	17105 GULF BOULEVARD OFFICE NORTH REDINGTON BEACH, FL 33708		
Current Mailing Address:					New Mailing Address:		
17105 GULF BOULEVARD NORTH REDINGTON BEACH, FL 33708				17105 GULF BOULEVARD OFFICE NORTH REDINGTON BEACH, FL 33708			
FEI Number:	03-0484920	FEI Number Applied	d For () FEI Nu	ımber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
LIMROTH, ELIZABETH S 17105 GULF BOULEVARD, OFFICE NORTH REDINGTON BEACH, FL 33708 US				17105 GUL OFFICE	LIMROTH, ELIZABETH S 17105 GULF BOULEVARD, OFFICE 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: ELIZABETH S LIMROTH					01/20/2009		
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FAIRFIELD, DOL	KEY BLVD., UNIT 705	i	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () E LIMROTH, ELIZA 8087 140TH STR SEMINOLE, FL	EET N.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () E MASCALI, CHAR 28 OLD BRIDGE BROOKFIELD, C	ROAD		Title: Name: Address: City-St-Zip:	D (X) MASCALI, CHA 9621 CEDAR C BONITA SPRIN	REEK DRIVE	
Title: Name: Address: City-St-Zip:	VP () E MASCALI, RICHA 14078 LAVANTE BONITA SPRING	COURT		Title: Name: Address: City-St-Zip:	()	Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ELIZABETH S LIMROTH SEC 01/20/2009

() Change () Addition