

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90035 008 ***150.00



DOCUMENT # P04000131381
 1. Entity Name
 A DRAMATIC CHANGE, INC.

Principal Place of Business Mailing Address
 1619 CONWAY GARDEN RD 1619 CONWAY GARDEN RD
 ORLANDO, FL 32806 ORLANDO, FL 32806

46000000



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01102008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
 55-0882830 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 HOUSTON, IRIS
 2386-1 BRIDLE PATH LANE
 ORLANDO, FL 32812

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City State Zip Code
 FL

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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing on-line) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	HOUSTON, IRIS	
STREET ADDRESS	2386-1 BRIDLE PATH LANE	
CITY- ST- ZIP	ORLANDO, FL 32812	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAROLD, TRUDY	
STREET ADDRESS	610 S PRIMROSE DR	
CITY- ST- ZIP	ORLANDO, FL 32803	
TITLE	S	<input type="checkbox"/> Delete
NAME	CIPRI, JUDITH	
STREET ADDRESS	12177 G RAY BIRCH CIRCLE	
CITY- ST- ZIP	ORLANDO, FL 32812	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILLIGAN, PETER	
STREET ADDRESS	603 SHOREWOOD DR, SUITE 401	
CITY- ST- ZIP	CAPE CANAVERAL, FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Trudy C Harold*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 407-898-2600
Date Daytime Phone #