

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131381

Entity Name: A DRAMATIC CHANGE, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1619 CONWAY GARDEN RD
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1619 CONWAY GARDEN RD
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 55-0882830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSTON, IRIS
2386-1 BRIDLE PATH LANE
ORLANDO, FL 32812 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: P () Delete
Name: HOUSTON, IRIS
Address: 2386-1 BRIDLE PATH LANE
City-St-Zip: ORLANDO, FL 32812

Title: V () Delete
Name: HAROLD, TRUDY
Address: 610 S PRIMROSE DR
City-St-Zip: ORLANDO, FL 32803

Title: S () Delete
Name: CIPRI, JUDITH
Address: 12177 G RAY BIRCH CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: T () Delete
Name: GILLIGAN, PETER
Address: 603 SHOREWOOD DR, SUITE 401
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TRUDY HAROLD

MS

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date